



ATTENDANT INFORMATION CHANGE FORM

Attendant Name	Employer of Record (EOR) Name

Instructions: Please notify Consumer Direct Care Network Virginia (CDCN) of a change to the Attendant’s name, address, phone number or email address.

Fill out only the information that you are changing:
<p>Attendant’s New Name:</p> <p style="text-align: center;">_____</p> <p><i>*Proof of name change with the Social Security Administration required to ensure proper Social Security withholdings. Attach copy of your new Social Security card with updated name.</i></p>
<p>Attendant’s New Physical Address:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Street City State Zip Code</p> <p><input type="checkbox"/> Check here to remove prior Consumer-Attendant live-in status/Difficulty of Care tax exclusion; i.e., you no longer live in the same home as the Consumer.</p>
<p>Attendant’s New Mailing Address:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Street/PO Box City State Zip Code</p>
<p>Attendant’s New Phone Number: () _____ - _____</p>
<p>Attendant’s New Email Address:</p>

Attendant Signature: _____ **Date:** _____

Please allow 3-5 business days to process this change request. To change your phone or email information with CDCN, you may submit your changes:

Email: InfoCDVA@ConsumerDirectCare.com
Fax: 1-877-747-7764

Mail:
 Consumer Direct Care Network Virginia
 Virginia Consumer-Directed Services Program
 6802 Paragon Place, Suite 430
 Richmond, VA 23230

