



DESIGNATED REPRESENTATIVE FOR ATTENDANT TIME APPROVAL

Table with 2 columns: Consumer Name, Employer of Record Name

Instructions: The Employer of Record (EOR) may choose to have someone help with certain duties in the Virginia Consumer-Directed Services Program...

Designated Representative Information:

Form with fields: Last Name, First Name, Date of Birth, Social Security Number, Relationship to Consumer

By signing below, I agree to be the EOR's Designated Representative for attendant time approval purposes. I understand I may only approve an attendant's time records for services provided to the above-named Consumer...

Signature of Designated Representative: _____ Date: _____

By signing below, I, the Employer, appoint and allow the above-named person to act on my account as indicated.

Signature of Employer of Record: _____ Date: _____

Please submit by email, fax or US Mail as shown below:

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

