



## NOTICE OF DISCONTINUED EMPLOYMENT

**Purpose:** This form notifies Consumer Direct Care Network Virginia (CDCN) when an Attendant has stopped working for you.

**Instructions:** Complete all sections below. This form can be completed by the Employer of Record (EOR) or both the EOR and Attendant. Document the reason(s) that employment ended. The form must be signed and dated. **Please allow up to 5 business days for CDCN to process this form.**

<b>Consumer Name</b>	<b>Consumer ID</b>
<b>Attendant Name</b>	<b>Attendant ID</b>
<b>EOR Name</b>	
Select one option below and provide an explanation:	
<input type="checkbox"/> <b>Termination/Discontinuation of Service.</b> Please describe the reason for this action:	
<input type="checkbox"/> <b>Furlough/Reduction of Hours.</b> Please describe the reason for this action:	
<b>Last Date Attendant Worked:</b> _____	

**EOR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attendant Signature (Not Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EOR must sign and date above.** 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

