

ATTENDANT DATA FORM

Attendant Information					
Name: _____					
First	Middle	Last			
Physical Address: _____					
Street	Apt/Unit #	City	State	Zip Code	
Mailing Address: _____					
<i>(if different than physical address)</i> Street/PO Box					
	Apt/Unit #	City	State	Zip Code	
Phone #: Home _____ Cell _____					
Email: _____					
Date of Birth: _____ Social Security Number: _____ - _____ - _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No – The Consumer is my child <u>and</u> the Consumer is a minor under age 18?					
<input type="checkbox"/> Yes <input type="checkbox"/> No – The Consumer is my spouse?					
<i>If yes to either question above, the Attendant is ineligible to work under this program.</i>					
Employer Information					
Name of Employer of Record (EOR): _____					
EOR Phone #: _____					
EOR Email: _____					
Name of Consumer: _____					
Consumer Medicaid ID #: _____					
Age of Consumer (check one): <input type="checkbox"/> Adult 18 years old or older <input type="checkbox"/> Minor under age 18					

Note: If the Consumer is a minor, the Attendant must complete a Dept of Social Services background check form. The form will be sent to the Attendant in an email from Virginia DSS on behalf of Consumer Direct. The email will be from CDVADSS@consumerdirectcare.com. The subject line will be “Virginia Central Registry Search Authorization”. The Attendant needs to complete the form in one sitting. Click on the link in the email to begin filling out the DSS background check form.

The EOR will receive an *Enrollment Confirmation Form* from CDCN. This confirms that CDCN has received and approved all employment paperwork. **CDCN is not the Attendant’s employer.**

The Attendant attests that the Attendant Information listed above is accurate. If this information changes, the Attendant must notify CDCN.

Attendant Signature

Date

Employer of Record Signature

Date

