



## FISCAL AGENT REQUEST FORM (FARF)

Please email completed form to CDCN at [VAReferrals@ConsumerDirectCare.com](mailto:VAReferrals@ConsumerDirectCare.com) or fax it to 1-877-571-8649.

Services Facilitator/Agency Information	
Agency Name:	Agency NPI #:
Services Facilitator Name:	Services Facilitator Phone #:
Services Facilitator Email:	

Referral Date	Effective Date	Agency Authorizing Services
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Referral Type/Service Request
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> – Is the individual new to consumer directed services?
<input type="checkbox"/> Existing Consumer transitioning to CDCN from a different Fiscal Employer Agent Prior FEA: _____
<input type="checkbox"/> Existing Consumer changing their Employer of Record Prior EOR: _____ New EOR: _____ <i>New EOR submits (1) a New EOR packet and (2) an EOR Change Attendant Attestation Form for each Attendant.</i>
<input type="checkbox"/> Existing Consumer-Loss of Eligibility Prior Enrollment (Fee-For-Service/MCO): _____ New Enrollment (Fee-For-Service/MCO): _____
<input type="checkbox"/> Existing Consumer changing their Services Facilitator

Consumer Information		
First Name:	Last Name:	Medicaid I.D. #:
Date of Birth:	Social Security Number:	Telephone:
Email Address:		
Physical Address (Street/City/State/Zip):		

Employer of Record Information		
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> – Consumer will be the Employer of Record? <b>If NO, complete below. If YES, Stop.</b>		
First Name:	Last Name:	Telephone:
Email Address:		

Enrollment/Transition Packet Submittal			
The Employer of Record is encouraged to complete and submit an electronic Enrollment or Transition Packet to CDCN via DocuSign. DocuSign packets can be accessed on the CDCN website at <a href="http://www.consumerdirectva.com/forms/">www.consumerdirectva.com/forms/</a> .			
Hard copies of <u>blank</u> packets are available upon request. Filling out the packet electronically results in faster processing and fewer errors. If Consumer/EOR requests a paper packet, please complete below.			
<input type="checkbox"/> Please mail a paper Employer Enrollment/Transition Packet to:			
Name: _____			
Mailing Address: _____			
Street	City	State	Zip