



### 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:			
Attendant’s New Name:			
_____			
<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>			
Attendant’s New Physical Address:			
_____	_____	_____	_____
Street	City	State	Zip Code
<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.			
Attendant’s New Mailing Address:			
_____	_____	_____	_____
Street/PO Box	City	State	Zip Code
Attendant’s New Phone Number: (    ) _____ - _____			
Attendant’s New Email Address:			

**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

