

ATTENDANT DATA FORM

Attendant Information					
Name: _____					
<i>First</i>	<i>Middle</i>	<i>Last</i>			
Physical Address: _____					
<i>Street/PO Box</i>	<i>Apt/Unit #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
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: ____ - ____ - ____			
Attendant/Consumer Relationship					
<input type="checkbox"/> Yes <input type="checkbox"/> No – The Consumer is the Attendant’s child, <u>and</u> the Consumer is a minor under age 18?					
<input type="checkbox"/> Yes <input type="checkbox"/> No – The Consumer is the Attendant’s spouse?					
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 with subject line “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
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