



FISCAL AGENT REQUEST FORM (FARF)

Please email completed form to CDCN at 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			
Referral Type/Service Request			
☐ Yes ☐ No – Is the individual new to consumer directed services?			
☐ Existing Consumer transitioning to CDCN from a different Fiscal Employer Agent Prior FEA: _____			
☐ 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>			
☐ Existing Consumer-Loss of Eligibility Prior Enrollment (Fee-For-Service/MCO): _____ New Enrollment (Fee-For-Service/MCO): _____			
☐ 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			
☐ Yes ☐ No – Consumer will be the Employer of Record? If NO, complete below. If YES, Stop.			
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 www.consumerdirectva.com/forms/. 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. ☐ Please mail a paper Employer Enrollment/Transition Packet to: Name: _____ Mailing Address: _____ Street City State Zip			