

CONSUMER CONTACT INFORMATION CHANGE FORM

Consumer Name	Employer of Record (EOR) Name
Instructions: Please notify Consumer Direct Care Ne Consumer's phone number or email address. You ca Web Portal or by filling out this form and sending it t	an update this information directly using the CDCN
Important: For Consumer's address changes, the Cochange to the Consumer's local office of the Department this information for you.	· · · · · · · · · · · · · · · · · · ·
Fill out only the information that you are changing:	
Consumer's New Phone Number: ()	
Consumer's New Email Address:	
Consumer/EOR 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 2112 W. Laburnum Ave #112 Richmond, VA 23227

