



INTERACTIVE VOICE RESPONSE REGISTRATION

Consumer Name	Employer of Record (EOR) Name

To register for the Interactive Voice Response (IVR) system, please fill out the form below. Under this option, my Attendant will clock-in and clock-out for their shifts worked using the IVR system.

1. Enter the phone number of the landline where services will be provided;
2. Enter the physical address where the landline is located;
3. Check the box for the Consumer's Service Provider; and
4. Sign and date this form.

Landline Phone Number: _____
(Must be where services are provided.)

Street Address: _____
(Physical address where services will be provided.)

City: _____ **State:** _____ **Zip:** _____

Consumer's Service Provider: DMAS Fee for Service
 Virginia Premier Health Plan
 Aetna Health Plan

Attestation

By signing below, I attest that the phone number and physical address recorded above are accurate and is where the Consumer receives services.

Employer of Record Signature

Date

Please submit your changes by email, fax or US mail as shown below:

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

