



INTERACTIVE VOICE RESPONSE REGISTRATION

Consumer Name	Employer of Record (EOR) Name

Fill out this form to register for the Interactive Voice Response (IVR) system. 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. Enter the EOR's email contact information; 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:** _____

EOR's Email: _____

Attestation

By signing below, I attest that the phone number and physical address shown above are accurate. They reflect where the Consumer receives services. I understand I must approve shifts using the CDCN web portal.

Employer of Record Signature

Date

Please submit 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
 300 Arboretum Place Suite 410
 Richmond, VA 23236

Instructions on the IVR process are available on the CDCN website.

