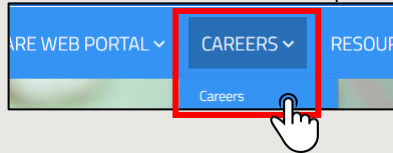


# How to Apply as a new Individual Provider

**\*NOTE:** If you are a current Individual Provider transitioning to CDWA you do not need to apply.

1. Go to the website: [ConsumerDirectWA.com](http://ConsumerDirectWA.com)

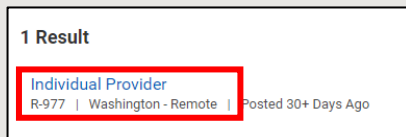
Click on Careers from the top menu.



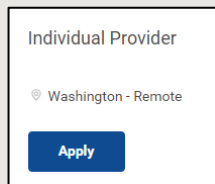
2. Scroll down and click the blue Individual Provider Careers box.



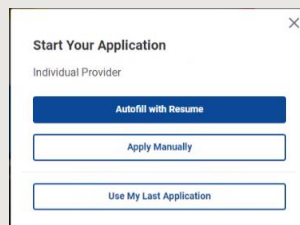
3. Click on the Individual Provider job posting.



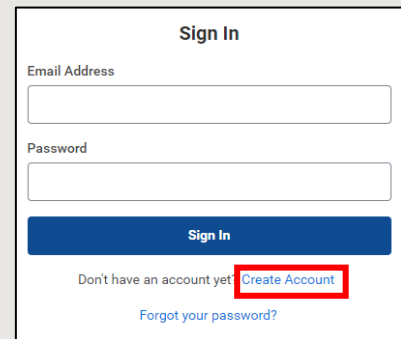
4. Click Apply.



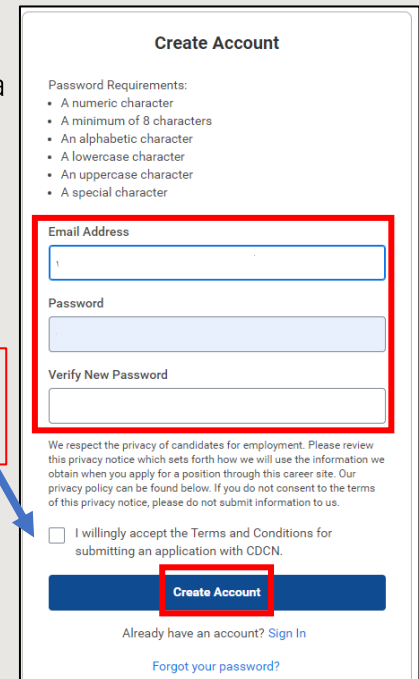
5. You will need to choose to apply by either uploading a resume, applying manually, or using a previous application if you've applied for a position with us before.



6. Create new Account.



7. Enter your email address and create a password. Click Create Account.



**CONTINUED ON THE NEXT PAGE**

8. Fill in your personal information. Click Save and Continue when done.

### My Information

\* Indicates a required field

How Did You Hear About Us? \*

select one

Have you previously worked for Consumer Direct? \*

Yes  
 No

Country \*

United States of America

---

### Legal Name

First Name \*

**Note:** any fields with a red asterisk (\*) are required.

9. Answer the application questions. Click Save and Continue when done.

### Application Questions

\* Indicates a required field

**An answer of NO to any of the FIRST FOUR QUESTIONS may result in disqualification for employment.**

Are you at least 18 years of age? \*

Yes

Are you legally authorized to work in the United States without sponsorship? \*

Yes

Do you consent to a Name, Date of Birth and Fingerprint check? If you consent, you will be required to provide your date of birth and Social Security number later in the application. \*

Yes

I understand that CDCN may share my information with SEIU 775, SEIU 775 Benefits Group or an official recognized bargaining agent. \*

Yes

What is your preferred communication language? \*

English

Have you previously been an Individual Provider? \*

No

10. Complete the voluntary disclosure questions. Click Save and Continue when done.

Please select your gender. \*

select one

Please select the ethnicity which most accurately describes

American Indian or Alaska Native (United States of America)  
 Asian (United States of America)  
 Black or African American (United States of America)  
 I do not wish to answer. (United States of America)  
 Native Hawaiian or Other Pacific Islander (United States of America)  
 Two or More Races (United States of America)  
 White (United States of America)

Please indicate if you identify as Hispanic or Latino. \*

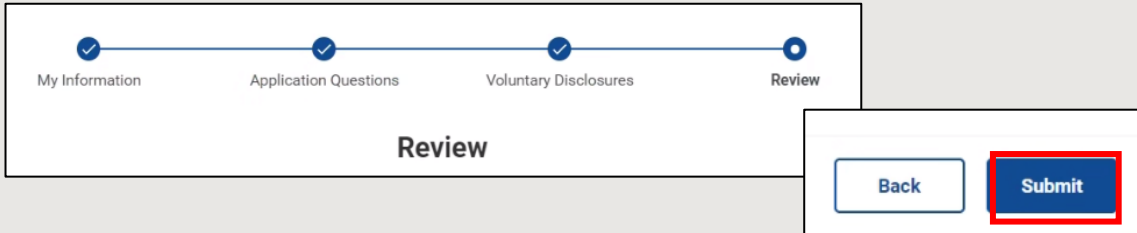
select one

Please indicate your veteran status. \*

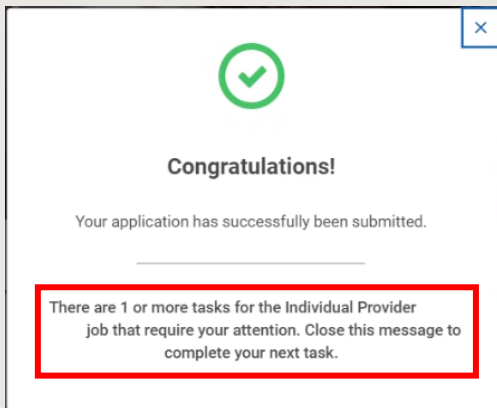
select one

**CONTINUED ON THE NEXT PAGE**

11. Review your information. If you see an error, use the **Back** button to go back and fix it. When everything is correct, click **Submit**.



The screenshot shows a progress bar with four steps: 'My Information', 'Application Questions', 'Voluntary Disclosures', and 'Review'. The 'Review' step is currently active. Below the progress bar, there are two buttons: 'Back' and 'Submit'. The 'Submit' button is highlighted with a red border.



The screenshot shows a pop-up message with a green checkmark icon. The text reads: 'Congratulations! Your application has successfully been submitted.' Below this, there is a red-bordered box containing the text: 'There are 1 or more tasks for the Individual Provider job that require your attention. Close this message to complete your next task.'

You will see this Congratulations pop up message, **but you are not finished!**

Close this message to complete the last steps in the application process.

12. On this screen you are confirming whether you already have a Client to work with.

- If you select **Yes**, you will have an opportunity to provide the Client's information.
- If you do not already have a Client, select **No**.

**If a Client has chosen you to work for them, please select below and provide the Client's name and ProviderOne ID, if known.**

Do you have a Client? \*

Client Full Name & ProviderOne ID (9 digits ending in WA) if known (ex. FirstName LastName xxxxxxxxWA)

**CONTINUED ON THE NEXT PAGE**

13. Next you will need to confirm your National ID. From the dropdown menus, choose your country of citizenship and select your National ID type. Click OK to continue.

By clicking on 'Ok' I understand and agree to have the Social Security number I provide ran against the Social Security Death Master File to comply with program background check requirements.

An expiration date is only required for a Taxpayer Identification Number. No expiration date is required for a Social Security Number.

**National ID**

Country \*  
select one

National ID Type \*  
select one

Identification Number \*

Issued Date  
MM/DD/YYYY

**OK** Cancel

**National ID**

Country \*  
Russian Federation

National ID Type \*  
select one

Taxpayer Identification Number (INN)

RPF (Pension Fund) Registration Number

Internal Passport Number

Labor Book Number

Insert for Labor Book Number

**National ID**

Country \*  
Mexico

National ID Type \*  
select one

Social Security (IMSS) Number

Taxpayer (RFC) Number

Personal ID Code (CURP)

Residence Card (RC)

14. Provide your date of birth so CDWA can process your required background check.

Update Personal Information

In the job application you agreed to provide a date of birth to comply with program background check requirements.

Your date of birth is required for the background check process through the Background Check Central Unit (BCCU).

Date of Birth \*  
MM/DD/YYYY

**CONTINUED ON THE NEXT PAGE**

15. In a new browser tab, visit the website: [fortress.wa.gov/dshs/bcs/](https://fortress.wa.gov/dshs/bcs/) to begin the background check process through the DSHS Background Check Central Unit (BCCU).

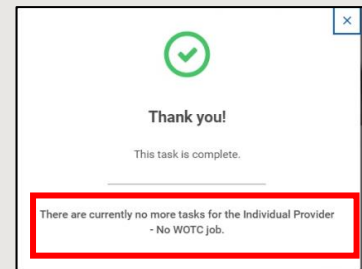
- Follow the instructions on the DSHS BCCU website.
- Use the email address [InfoCDWA@ConsumerDirectCare.com](mailto:InfoCDWA@ConsumerDirectCare.com) in the authorization form.
- Copy or write down the 10-character BCCU confirmation number you receive upon completion.
- Return to your application page and enter the 10-character BCCU number into the box.

In the job application you agreed to a Name, Date of Birth, and Fingerprint background check to comply with program requirements.  
NOTE: Skip steps 1 and 2 if you have already received a 10-character confirmation number from the BCCU within the last 90 days.

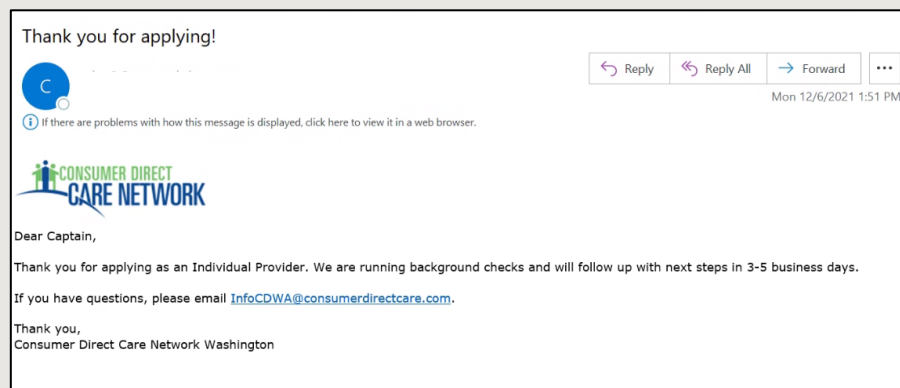
1. Start the background check process through the DSHS Background Check Central Unit (BCCU) by following the instructions here: [fortress.wa.gov/dshs/bcs/](https://fortress.wa.gov/dshs/bcs/)
2. Add our email address [InfoCDWA@ConsumerDirectCare.com](mailto:InfoCDWA@ConsumerDirectCare.com) to your online authorization form.
3. Once you receive the 10-character confirmation number, enter the code below.

Enter your 10-character confirmation number from the BCCU: \*

16. When you are finished, you will receive a Thank you notification letting you know there are no more tasks to complete.

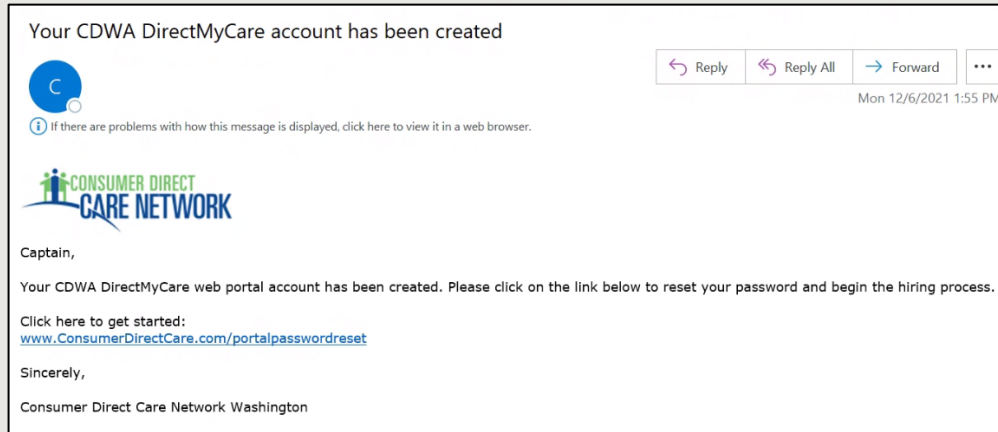


17. Check your email for a message from CDWA thanking you for applying.



**CONTINUED ON THE NEXT PAGE**

18. You will receive another email from CDWA once your background check is complete telling you that your account has been created in the CDWA DirectMyCare web portal using your email address. Use the link in the email to reset your password. For more detailed instructions, visit the [CDWA IP Resources page](#).



If you'd like to view your application, go to the Candidate Home Page. Use the Manage dropdown menu to select View My Submitted Application.

