



LIVE-IN PROVIDER IVR REGISTRATION

This form is used to register for the Live-in Provider Interactive Voice Response (IVR) system. Under this option, Live-in Providers will enter the total hours worked per day using the IVR system for the Client named below.

1. Enter the Client's name and ProviderOne ID.
2. Enter the Live-in Provider name and ProviderOne ID.
3. Enter the phone number the Live-in Provider will use for calling in their hours. This can be a cell phone or a landline.
4. Live-in Provider sign and date this form.

Client Name: _____	Client ProviderOne ID: _____
Live-in Provider Name: _____	IP ProviderOne ID: _____
Phone Number: _____ (phone used to call in hours)	

Attestation

By signing below, I attest that I am a Live-in Provider for the Client named above. The phone number shown above is accurate.

Individual Provider Signature

Date

Please submit by email or US mail as shown below:

Email: CDWAForms@ConsumerDirectCare.com

Mail:

Consumer Direct Care Network Washington
3450 S. 344th Way, Suite 200
Federal Way, WA 98001

Instruction on how to use the Live-in IVR are available on our Resources page at www.ConsumerDirectWA.com/IP-Resources.

