

## CLIENT/AUTHORIZED REPRESENTATIVE DirectMyCare Web Portal Registration

## **HOW TO REGISTER**

- 1. Open your internet browser. CDWA recommends using Google Chrome.
- 2. Go to DirectMyCare.com
- Select the **Register** button to open the registration page. (Fig. 01)



4. Enter your email address and select Send Verification Code. (Fig. 02)

|      | CARE NETWORK           |
|------|------------------------|
|      | Email Address          |
|      | Send verification code |
| Fig. | . 02                   |

- 5. **Open a new browser window** and check your email for the verification code. (Fig. 03) *\*If you find you have closed the registration screen, you will need to contact CDWA to reset your registration.*
- **6. Return to the registration page** and enter the code from your email into the verification box. (Fig. 04)

- Select Verify Code.

\* If needing a new verification code, click "**Send new code**."



| Verify your email address   |              |  |  |  |
|---|--------------|--|--|--|
| Thanks for verifying your account!  |              |  |  |  |
| Your code is: 382619  |              |  |  |  |
| Sincerely,<br>Consumer Direct Care Network B2C  |              |  |  |  |
| This message was sent from an unmonitored email address. Please do not reply to this message. | CARE NETWORK |  |  |  |
|   | ×            |  |  |  |
| g. U3   |              |  |  |  |
|   |              |  |  |  |

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- 7. Create a password.
- 8. Retype the same password.
- 9. Enter your first, middle, and last name into the boxes.
- **10.** Choose Participant, if you're the Client, or Authorized Representative.
- **11.** Choose Washington for the state where service is provided.
- **12.** Enter your phone number.
- **13.** Enter your date of birth as MM/DD/YYYY.
- 14. Enter the last four digits of your Social Security Number.
- 15. Select Create to finish the registration process.

| 7  | New Password                                |
|----|---|
| 8  | Confirm New Password                        |
| 9  | First Name                                  |
|    | Middle Name                                 |
|    | Last Name                                   |
|    | Suffix                                      |
| U  | Role  |
| 0  | State of Program                            |
| 12 | Phone (Numeric Characters Only. No Dashes.) |
| 13 | MM/DD/YYYY Date of Birth                    |
| 1  | Last 4 Digits of SSN                        |
| ß  | Create                                      |
| I  | Fig. 05                                     |

After selecting Create, if you see the message in Fig. 06, please contact CDWA to complete your registration. **Phone**: 866.214.9899 **Email**: infoCDWA@consumerdirectcare.com

| CARE NETWORK | Sig   | n out Español |
|--------------|---|---------------|
|              | Home FAQ  | Contact Us    |
| Please allo  | ow up to 5 business days for us to complete your registrati | on.           |

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