



INTERACTIVE VOICE RESPONSE (IVR) REGISTRATION

| Participant Name | Representative Name (if applicable) |
|------------------|-------------------------------------|

To use the IVR system, please fill out the form below. Under this option, my direct service worker (DSW) will use the IVR system to clock-in and clock-out for their shifts. Please complete the following:

- 1. List the phone number of the landline where services will be provided;
- 2. Enter the physical address where the landline is located; and
- 3. Sign and date this form.

| Landline Phone | Number |
|----------------|--|
| | (Must be where DSW shifts are worked.) |
| Street Address | |
| | (Must be where DSW shifts are worked.) |
| City | State Zip |

Attestation

I attest that the information listed above is correct; the landline and address above is where the Participant receives services.

Participant/Representative Signature

Date

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

Email: InfoCDFL@ConsumerDirectCare.com Fax: 1-877-344-0999 Mail: Consumer Direct Care Network Florida 4577 N. Nob Hill Road, Suite 206 Sunrise, FL 33351



