



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
1401 NW 136th Avenue, Suite 402
Sunrise, FL 33351

