



INTERACTIVE VOICE RESPONSE REGISTRATION

This form is used to register for the Interactive Voice Response (IVR) system. The IVR is registered to the Member. Under this option, Workers will clock-in and clock-out for shifts worked using the IVR system for the Member named below. Multiple Workers can use the IVR for the same Member.

1. Enter the Member’s name and Medicaid ID.
2. Enter the phone number of the landline where services will be provided.
3. Enter the physical address where the landline is located.
4. Enter the Worker name and Medicaid ID of each Worker who will be using the IVR.
5. Member or Authorized Representative sign and date this form.

Member Name: _____ **Member Medicaid ID:** _____

Landline Phone Number: _____
(Must be where services are provided.)

Street Address: _____
(Physical address where services will be provided.)

City: _____ **State:** _____ **Zip:** _____

Worker Name: _____ **Worker Medicaid ID:** _____

Worker Name: _____ **Worker Medicaid ID:** _____

Worker Name: _____ **Worker Medicaid ID:** _____

Attestation

By signing below, I attest that the phone number and physical address shown above are accurate. They reflect where the Member receives services.

Print First and Last Name

Member/Authorized Representative Signature

Date

Please submit by email or US mail as shown below:

Email: InfoCDTN@ConsumerDirectCare.com

Mail:
Consumer Direct Care Network Tennessee
2 Vantage Way Suite 250
Nashville, TN 37228

Instruction on how to set your PIN and use IVR are available on our Resources page at <https://www.consumerdirecttn.com/forms/>.

