



SELF-DETERMINATION WAIVER PROGRAM
WORKER DATA FORM

Worker Information

Name: _____
 First Middle Last

Maiden or Previous Last Name: _____

Physical Address: _____
 Street Apt/Unit # City State Zip Code

County: _____

Mailing Address: _____
(if different than physical address) Street/PO Box Apt/Unit # City State Zip Code

Phone #: Home _____ Cell _____

Email: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

I must be 18 years of age or older to provide care.

Gender: Male Female Prefer not to disclose

Yes No I am the Member’s Spouse, Legal Guardian, Representative, or Power of Attorney.
If yes, you cannot provide service to the Member per program rules.

Yes No I am the Member’s Parent **and** the Member is under the age of 18.
If yes, you cannot provide service to the Member per program rules.

Yes No I am the Member’s Conservator.
If yes, you must have a court order saying that it’s okay to be paid to provide care to the Member.

Your relationship to Member _____

Emergency Contact Name: _____ Phone Number: _____

Employer Information

Name of Employer of Record (EOR): _____

EOR Phone #: _____

EOR Email: _____

Name of Member: _____

Member CDTN ID #: _____





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I understand and accept:

- I hereby authorize and consent to release the information provided on this Data Form and other application materials to Consumer Direct Care Network of Tennessee (CDTN) for the purpose of running background checks. I understand results will be made available to my prospective employer and TennCareSM, as necessary. I cannot be hired until I pass my background check.
- CDTN can contact me using the contact information on my Data Form.
- I will receive an Okay to Work letter from CDTN if I am eligible to provide care under this program. I cannot begin working until I receive my Okay to Work date. **CDTN is not my employer.**

I attest that the information listed above is accurate. If this information changes, I will notify CDTN.

Worker Signature

Date



Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

- CDTN Amerigroup: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Kurdish: کوردی

ئاگاداری: ئهگهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمهتی زمان، بهخوڕایی، بو تو بهردهسته.

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Arabic: ربيّةعلا

وظةعلم: اذا ملكتتةغلا ربيّةعلا اتمدخدةعاسملا ويةغلا رةفوتمكلا انجام.

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Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

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Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

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Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

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French: Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

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Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል።

- CDTN Amerigroup: 888-398-0664 (መስመር ለተሰናዥው:TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (መስመር ለተሰናዥው:TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (መስመር ለተሰናዥው:TRS:711)
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Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

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Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

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German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

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Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

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Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

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Serbo-Croatian: Srpsko-hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno.

- CDTN Amerigroup: 888-398-0664 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN TennCare DIDD: 888-450-3242 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

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Nepali:

नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।

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Persian:

فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

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- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free. We can connect you with the free help or service you need. (For TRS call: 711)

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We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

<p>TennCare Office of Civil Rights Compliance 310 Great Circle Road, 3W Nashville, Tennessee 37243</p> <p>Email: HCFA.Fairtreatment@tn.gov Phone: 855-857-1673 (TRS 711)</p> <p>You can get a complaint form online at: https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html</p>	<p>MCO/Contractor Information</p> <p>Amerigroup Phone: 800-600-4441 (TRS 711)</p> <p>BlueCare Tennessee Phone: 800-468-9698 (TRS 711: 888-418-0008)</p> <p>UnitedHealthcare Phone: 888-383-9253 (TRS 711)</p>	<p>U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Ave SW, Rm 509F, HHH Bldg Washington, DC 20201</p> <p>Phone: 800-368-1019 (TDD): 800-537-7697</p> <p>You can get a complaint form online at: www.hhs.gov/ocr/office/file/index.html Or you can file a complaint online at: ocrportal.hhs.gov/ocr/portal/lobby.jsf</p>
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