

**Member Information**

Name in Program \_\_\_\_\_  
*First Middle Last*

Member Physical Address \_\_\_\_\_  
*(Street address only. No PO Box. This is where service will be provided.)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_  
*Home Cell*

Medicaid ID \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Prior Fiscal Agent:  Yes  No – Is Consumer switching services to CDTN from another Fiscal Agent?  
 If yes, Agent Name: \_\_\_\_\_

**Employer of Record (EOR) Information**

EOR Relationship to Member  Member (self)  Other (describe): \_\_\_\_\_

Name on Social Security Card \_\_\_\_\_  
*First Middle Last*

EOR Physical Address \_\_\_\_\_  
*(Street address only. No PO Box. This is where service will be provided.)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

EOR Mailing Address *(Street or PO Box.)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  
*Home Cell Fax*

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Email Correspondence:  Yes  No – I wish to receive documents and information via email when available.

Prior Accounts:  Yes  No – Does EOR have an existing Sole Proprietor or Household Employer business with established accounts? If yes, please provide confirmation of your Employer Identification Number from the IRS (EIN Certification Letter 147C or EIN Confirmation Letter CP575).

Employer of Record 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።

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- 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: <a href="mailto:HCFA.Fairtreatment@tn.gov">HCFA.Fairtreatment@tn.gov</a> Phone: 855-857-1673 (TRS 711)</p> <p>You can get a complaint form online at: <a href="https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html">https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html</a></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 &amp; 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: <a href="http://www.hhs.gov/ocr/office/file/index.html">www.hhs.gov/ocr/office/file/index.html</a> Or you can file a complaint online at: <a href="http://ocrportal.hhs.gov/ocr/portal/lobby.jsf">ocrportal.hhs.gov/ocr/portal/lobby.jsf</a></p>
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