



COMPREHENSIVE AGGREGATE CAP WAIVER & STATEWIDE WAIVER PROGRAM WORKER DATA FORM

Worker Information

Name: _____
First Middle Last

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 _____ [] Yes [] No I am ok to receive text messages

We may reach out to you via SMS/Text Messaging concerning your services with CDCN. Please note that CDCN will never request sensitive personal information, such as your Social Security Number, banking details, address, or date of birth through text messages. If you receive an SMS message from CDCN and would like to opt-out from future SMS messages please respond to the initial message with "STOP".

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 Live with the Member.

If yes, you cannot provide service to the Member per program rules.

[] 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: _____

Employer Information

Name of Employer of Record (EOR): _____

EOR Phone #: _____ EOR Email: _____

Name of Member: _____ Member CDTN ID #: _____





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& STATEWIDE WAIVER PROGRAM
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I understand and accept:

- I hereby authorize and consent to release the information provided on my application materials to 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 information I provided.
- 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 cannot be the Worker and Employer or Record.

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

Kurdish: کوردی

ناگداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریه‌کانی یارمەتی زمان، بەخۆراییی، بۆ تۆ بەردەستە.

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Arabic: ربيّة عّلا

وظة عّلم: اذا ملكتت عّغلا ربيّة عّلا اتمدخدة عّاسملا وبيّة عّغلا رة فوتم لك 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 Wellpoint: 888-398-0664 (အဲလ်ဖုန်း အမှတ်:TRS:711)
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Gujarati: ગુજરાતી
સુચના: જો તમે ગુજરાતી બોલતા હો, તો િન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

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Laotian: ພາສາລາວ
 ໂບດຊາບ: ຖ້າວ່າ ທ່ານ ພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນພາສາ, ໂດຍບໍ່ ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ.

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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
 ❖ान द❖: यदि आप हिंदी बोलते ह❖ तो आपके िलए मु❖ म❖ भाषा सहायता सेवाएं उपल❖ ह❖।

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

- CDTN Wellpoint: 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 DDA: 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

आन दिनुहोस्: तपाइले नेपाली बोल्नुन्छ भने तपाइको निन भाषा सहायता सेवाह निन: शुपमा

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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>Wellpoint 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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