

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

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"

Medicaid ID _____ Gender ☐ Male ☐ Female

Date of Birth _____ Social Security # _____ - _____ - _____

Prior Fiscal Agent: ☐ Yes ☐ No – Is Consumer switching services to CDCN 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 قسه دهکهیت، خزمهتگوزاریهکانی یارمەتی زمان، بهخوڕایی، بۆ تۆ بهردهسته.

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Arabic: ربيعة

وظة حلم: اذا ملكتتة غللا ربيعة عا ات مدخدة عاسملا وية غللا رة فوتم لكلا انجام.

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- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

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 ለተሳናቸው:TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (መስመር ለተሳናቸው:TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (መስመር ለተሳናቸው:TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (መስመር ለተሳናቸው:TRS:711)

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, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

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German: Deutsch

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

- CDTN Amerigroup: 888-398-0664 (TRS:711)
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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 । - 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)
Persian:	فارسی توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. - 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)

- 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)

- CDTN Amerigroup: 888-398-0664
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- CDTN TennCare DIDD: 888-450-3242

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:

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