



INTERACTIVE VOICE RESPONSE REGISTRATION

Consumer Name	Personal Care Representative (PCR)

Fill out this form to register for the Interactive Voice Response (IVR) system. Under this option, my Attendant will clock-in and clock-out for their shifts worked using the IVR system.

1. Enter the phone number of the Consumer that will be used by the attendants to clock in and out.
2. Enter the physical address where services will be provided;
3. Enter the Consumer or PCR's email contact information;
4. Sign and date this form.

Consumer's Phone Number: _____ (Attendants will use this number to clock in and out)
Street Address: _____ (Physical address where services will be provided.)
City: _____ State: _____ Zip: _____
Consumer or PCR's Email: _____

Attestation

By signing below, I attest that the phone number and physical address shown above are accurate. They reflect where the Consumer receives services. I understand I must approve shifts using the CDCN web portal or the IVR system.

Consumer or Personal Care Representative Signature

Date

Please submit by email, fax or US mail as shown below:

Email: InfoCDNV@ConsumerDirectCare.com

Fax: 1-877-786-4998

Mail:

Consumer Direct Care Network Nevada
1005 Terminal Way, Suite 125
Reno, NV 89502-2179

Instructions on the IVR process are available on the CDCN website.

