

FOB REGISTRATION

Use this form to register for the fob option for time entry. **One fob is registered to the Client**. IPs will clock-in and clock-out for shifts worked using the fob and IVR phone system for the Client named below. Multiple IPs can use the same fob.

- 1. Enter the Client's name and ProviderOne ID.
- 2. Enter the street address where the fob will be located.
- 3. Enter the name of each IP who will be using the fob.
- 4. Enter the phone number the IP will use for calling in their shifts. This can be a cell phone or a landline.
- 5. Client or Authorized Representative sign and date this form.

Client Name:	Client ProviderOne	ent ProviderOne ID:		
Street Address:		State:	Zip:	
(Physical address where services will be provided.)				
	City:	State:	Zip:	
(If different from above.)				
IP Name:	Phone number: _		<u></u>	
IP Name:	Phone number: _			
IP Name:	Phone number: _			
By signing below, I attest that the street address is accurate. I understand that the fob will be mailed to the Clocation within the Client's home, such as the st fob device is lost or broken, CDWA will provide owill be the responsibility of the Client.	ient's address. Th ove or refrigerato	ne fob must be secon or and should not b	ured to a physical be removed. If the	
Print First and Last Name				
Client/Authorized Representative Signature	Date			
Please submit by email or US mail as shown belo	w:			
Email: CDWAForms@ConsumerDirectCare.com		irect Care Network ^h Way, Suite 200	ς Washington	

Please allow up to 3 business days for processing. Instructions for set up and use will be provided with the fob. Additional resources can be found at: www.ConsumerDirectWA.com/IP-Resources.

Federal Way, WA 98001