



## INTERACTIVE VOICE RESPONSE REGISTRATION

This form is used to register for the Interactive Voice Response (IVR) system. The IVR is registered to the Client. Under this option, IP(s) will clock-in and clock-out for shifts worked using the IVR system for the Client named below. Multiple IPs can use the IVR for the same Client.

1. Enter the Client's name and ProviderOne ID.
2. Enter the phone number of the landline where services will be provided.
3. Enter the physical address where the landline is located.
4. Enter the IP name and ProviderOne ID of each IP who will be using the IVR.
5. Client or Authorized Representative sign and date this form.

<b>Client Name:</b> _____		<b>Client ProviderOne ID:</b> _____	
<b>Landline Phone Number:</b> _____			
<i>(Must be where services are provided.)</i>			
<b>Street Address:</b> _____			
<i>(Physical address where services will be provided.)</i>			
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	
<b>IP Name:</b> _____	<b>IP ProviderOne ID:</b> _____		
<b>IP Name:</b> _____	<b>IP ProviderOne ID:</b> _____		
<b>IP Name:</b> _____	<b>IP ProviderOne ID:</b> _____		

### Attestation

By signing below, I attest that the phone number and physical address shown above are accurate. They reflect where the Client receives services.

\_\_\_\_\_  
*Print First and Last Name*

\_\_\_\_\_  
*Client/Authorized Representative Signature*

\_\_\_\_\_  
*Date*

Please submit by email or US mail as shown below:

**Email:** CDWAForms@ConsumerDirectCare.com

**Mail:**

Consumer Direct Care Network Washington  
3450 S. 344<sup>th</sup> Way, Suite 200  
Federal Way, WA 98001

Instruction on how to set your PIN and use IVR are available on our Resources page at [www.ConsumerDirectWA.com/IP-Resources](http://www.ConsumerDirectWA.com/IP-Resources).

