



NOTICE OF DISCONTINUED EMPLOYMENT

Purpose: This form notifies Consumer Direct Care Network Virginia (CDCN) when an Attendant has stopped working for you.

Instructions: Complete all sections below. This form can be completed by the Employer of Record (EOR) or both the EOR and Attendant. Document the reason(s) that employment ended. The form must be signed and dated. **Please allow up to 5 business days for CDCN to process this form.**

Consumer Name	Consumer ID
Attendant Name	Attendant ID
EOR Name	
Select one option below and provide an explanation:	
<input type="checkbox"/> Termination/Discontinuation of Service. Please describe the reason for this action:	
<input type="checkbox"/> Furlough/Reduction of Hours. Please describe the reason for this action:	
Last Date Attendant Worked: _____	

EOR Signature: _____ **Date:** _____

Attendant Signature (Not Required): _____ **Date:** _____

EOR must sign and date above. Please submit by email, fax or US Mail as shown below:

Email: InfoCDVA@ConsumerDirectCare.com

Fax: 1-877-747-7764

Mail:

Consumer Direct Care Network Virginia
Virginia Consumer-Directed Services Program
300 Arboretum Place, Suite 410
Richmond, VA 23236

