

# Consumer Directed Care Plus (CDC+) Agency Registration Update Form

**Instructions:** Please type or clearly print all information. This form is to be completed by an Agency Representative to update agency information in the CDC+ Consultant Registry only. The changes on this form do not affect data in ABC.

❶ Type or print the name of the agency and the agency's Medicaid Group Provider Number for CDC+. ❷ Then complete the Current Registration Information and Updated Information data for items that have changed. ❸ Sign and date the form. Agency changes must be signed by authorized personnel only. Keep a copy for your records and give original form to Area CDC+ Liaison in the Area with which you have executed a Memorandum of Agreement for CDC+ Consultant Services. Area Liaison keeps original and sends a copy to Central Office for processing.

	❷ Current Registration Information:	❷ Updated Information:
❶ Agency Name		
❶ Agency Medicaid Group Provider # for CDC+	_ _ _ _ _	
❶ Agency Mailing Address		
❶ Phone Number	(    )	(    )
❶ Fax Number	(    )	(    )
❶ Agency E-mail address		

❸ Signature \_\_\_\_\_ ❸ Date \_\_\_\_\_  
I certify that I am authorized to make these changes for the above WSC/Consultant Agency for CDC+ Consultant Services.

❸ Print Name \_\_\_\_\_

OFFICE USE	INI'L	DATE
Received by APD Area		
Sent to APD Central		
Received by APD Central		
Processed by CDC+ Unit		