



## Voluntary Caregiver Registration

**STAFF ONLY**

Evaluated

The Voluntary Caregiver Registry provides patients with contact information for primary caregivers in their area. By submitting this form, your name and contact information will appear on a list distributed to patients in search of a caregiver.

The Voluntary Caregiver Registry is only open to caregivers with fewer than 5 patients. Should you at any point provide caregiver services for 5 or more patients, your name will not appear on the list. Should your patient count drop below 5, your name will reappear on the list. This list is updated weekly.

Submit this form with a copy of your Colorado driver's license or photo ID.

**Submit paperwork by mail or deliver to the Registry's drop-box:**

**Mail:** Application Processing, CDPHE, HSV-8608, 4300 Cherry Creek Dr S, Denver, CO 80246-1530

**Deliver to drop-box:** 710 S Ash St, southeast entrance, Monday-Friday, 7:00 a.m. to 6:00 p.m.

The drop box is on the wall inside the first set of glass doors. Your paperwork must be in a sealed envelope. You will not receive a receipt. If you wish to have a receipt, please mail in your paperwork by certified mail.

**Processing time:**

Please allow 3-5 weeks from the date the Registry receives your paperwork for standard processing.

This is a request to be:	
<input type="checkbox"/> Added to the Voluntary Caregiver Registry	<input type="checkbox"/> Removed from the Voluntary Caregiver Registry

Caregiver Information:			
1. Last Name		2. First Name	
3. Middle Initial		4. Date of Birth	
5a. Mailing Address			5b. Apt/Ste #
6. City	7. State	8. Zip Code	9. County
10. Telephone		11. Email	

I hereby give the Registry permission to release my name and contact information to patients in search of a caregiver.	
12a. Signature:	12b. Signature Date