

# Touch of CLASS - CDS EVV Information Verification Form

## INSTRUCTIONS:

### To: All Touch of Class CDS Clients and LARs (Legally Authorized Representatives)

Please complete all information in the form below. If there is no information to provide for a specific data element, then note this as "N/A".

The information provided on this form will be used by Touch of Class to ensure accurate information in the set up and use of EVV (Electronic Visit Verification) mandated by the 21<sup>st</sup> Century Cures Act. For more information regarding EVV, please search for "21<sup>st</sup> Century Cures Act" on the internet or the Texas HHSC website.

If you have any questions or concerns regarding the information you are providing on this form, please contact the Touch of Class CDS department via fax to **(800) 268-0927** or via email at the email address below:

Email: [TOCCDS@CHHTexas.com](mailto:TOCCDS@CHHTexas.com) (This email address should only be used for general questions or communications, no timesheets or employee time information will be accepted at this email address)

Touch of Class will contact you directly if there are any questions about the information provided on the forms.

To make communications of as easy as possible, we would like to use email for all future communications regarding EVV or other CDS / FMSA communications. Email is the most efficient way to communicate important information to you regarding EVV or other CDS / FMSA related topics. However, in order to do so, we must have a signed Email Electronic Communications Consent Form from each of our clients. This form can be found on our website at the following location:

[http://touchofclass.net/Email\\_Electronic\\_Communication\\_Consent\\_Form.pdf](http://touchofclass.net/Email_Electronic_Communication_Consent_Form.pdf)

**Complete this form by typing in the information for each field and then either printing, scanning and sending the scanned file back via email or Fax, or by saving the form with the information and then attaching the form with information to an email to be sent to the email address above or to the person in the office that emailed the form to you.**

Thank you for your prompt attention to this matter. We look forward to helping you make the transition to EVV as smooth as possible.

Best Regards,

The Touch of Class CDS Management Team

## Touch of CLASS - CDS EVV Information Verification Form

**NOTE: All information is required, if there is no information to provide for a specific data element, then enter "N/A"**

### CDS Client Information:

First Name:	
Last Name:	
Physical Street Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Medicaid Number:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address(es): <small>(must complete Email Communications Consent form located on our website at TouchOfClass.net)</small>	
Who will perform EVV Visit Maintenance? <small>(Client, LAR, or another Designated Rep (DR))</small>	
EVV Maintenance person First Name:	
EVV Maintenance person Last Name:	
EVV Maintenance person Phone Number:	
EVV Maintenance person Email Address:	
Comments:	

# Touch of CLASS - CDS EVV Information Verification Form

## CDS Employee Information: (complete for each employee)

### Employee 1:

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

### Employee 2:

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

### Employee 3:

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

# Touch of CLASS - CDS EVV Information Verification Form

**Employee 4:**

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

**Employee 5:**

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

**Employee 6:**

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

# Touch of CLASS - CDS EVV Information Verification Form

**Employee 7:**

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

**Employee 8:**

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

**Employee 9:**

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Date of Birth:	
Social Security Number:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	

If there are more than 9 employees to provide information for, please fill out additional forms and submit all forms to us for processing.