SUPPORT STAFF Requiring Data Entry Access

APPLICATIONS ACCESS FORM

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
CHIEF INFORMATION OFFICE BUREAU

S A M P L E

REQUEST TYPE

Effective Date 2/15/2006	☒ Add New User	☐ Information Update	☐ Add Reporting Unit	☐ Add Role	☐ Termination	
			☐ Delete Reporting Unit	☐ Delete Role	☐ Name Change	
☐ Transfer	From Location		To Location			

EMPLOYEE STATUS

☒ Permanent ☐ Temporary ☐ Pharmacy ☐ FFS ☐ NGA ☐ DHS

APPLICANT INFORMATION

Employee No. (County Only)	Last Name	First Name	MI	Last 4 Digits of SSN
E000000	SNOWWHITE	CHILD		2058

Date of Birth MM/DD	Sex Code	Ethnicity Code	Handicap Code	Language Code	Name of Facility / Bureau / FFS Network Provider / Pharmacy
09/05	F	03	00	01	BELOVED MEDICAL CENTER

Program Name / Unit	Address	Suite / FL
PSYCH EMERGENCY	1234 NEWWAVE BLVD	901

City	State	Zip Code	Phone Number	E-Mail Address
HAPPY CITY	CA	01234		NOWANDTHEN@SHOP.ORG

ROLE: CLN01 | CLN02 | RPTPROV

SELECT CLASS CODE & AUTHORIZED PROVIDER NO.

☒ DMH Provider No. 0900D ☐ NGA Legal Entity No.

☐ DHS Provider No. ☐ Pharmacy ☐ FFS Provider No. (*)

SELECT APPLICATION ACCESS

Integrated System ☒ | Day Treatment Authorization ☐ | STAR ☐ | MAA ☐ | MEDS ☐ | ☐

Oath of Confidentiality on file at Facility ☒ | Original Oath Attached with MEDS Request ☐

S A M P L E

SIGNATURES

Applicant Print Name: CHILD SNOWWHITE	Signature: SIGNATURE REQUIRED	Date Completed: 02/ 01/ 06
Contact Print Name: MARY NEWHOUSE	Phone Number: 211-256-0123	Date Completed: 02/ 15/ 06
Program Head / Authorized Designee Print Name: DR. SALLY BEGONE	Signature: SIGNATURE REQUIRED	Date Completed: 02/ 15/ 06

FOR CIOB USE ONLY

User ID	HEAT Call Ticket	Date Received

Proccessed By	Remarks	Date Completed

Having problems filling out this form? call CIO Helpdesk at 213-351-1335 Revised 03/07/2006

This Form may also be accessed at: http://dmhweb/forms

(*) Please use Form MH1003 for additional location.

Please return to: Department of Mental Health
CIOB - Systems Access, 6th Fl
695 S. Vermont Ave.
Los Angeles, CA. 90005