

DATABASE USER REGISTRATION FORM
(Please Print Clearly)

PRA | SPECT

Perinatal Risk Assessment
Single Point of Entry and Client Tracking System

Name _____ Title _____

Agency _____

Agency Address _____

*Phone _____ *Ext. _____ Email _____

*Cell Phone _____

Phone, extension (if applicable) and Cell phone ARE REQUIRED for security purposes.

You will receive an email with your Username AND temporary password and access to on-demand training.

PLEASE INDICATE YOUR ROLE(S):

- Central Intake Administrator / CI Liaison / CI Specialist / Early Childhood Specialist
- Program Supervisor / Program Administrator / Data Entry for Program
- Program Staff (CHW, Nurse, FSW, PE, Case Mgr, etc.)
- DOH/DCF or other State Designee
- Community Agency – Completion / Submission of Initial Referral Forms *Only*
- OTHER (Be Specific): _____

FOR WHICH PROGRAM(S) DO YOU NEED ACCESS:

- | | | |
|---|---|--|
| <input type="checkbox"/> CENTRAL INTAKE | <input type="checkbox"/> Healthy Families, HF/TIP, TIP | <input type="checkbox"/> Parents as Teachers |
| <input type="checkbox"/> HWHF CHW/Doula | <input type="checkbox"/> Healthy Start | <input type="checkbox"/> Public Health Nursing |
| <input type="checkbox"/> DOH/DCF/Program Officer | <input type="checkbox"/> Nurse Family Partnership | <input type="checkbox"/> M-WRAP |
| <input type="checkbox"/> Early Childhood Specialist | <input type="checkbox"/> Access for PRASPECT Data <i>Only</i> | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Community Agency – Completion / Submission of Initial Referral Forms <i>Only</i> | |

PLEASE INDICATE COUNTY(S):

- | | | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Cape May | <input type="checkbox"/> Hudson | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Salem | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Morris | <input type="checkbox"/> Somerset | |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Essex | <input type="checkbox"/> Mercer | <input type="checkbox"/> Ocean | <input type="checkbox"/> Sussex | |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Passaic | <input type="checkbox"/> Union | |

Additional Information: _____

Please complete and fax to FHI, 856-409-5699 or email to SPECT@FHIWorks.org