

DATABASE USER REGISTRATION FORM

(Please Print Clearly)



Name _____ Title _____

Agency _____

Agency Address _____

Phone _____ Email _____

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:

- CENTRAL INTAKE
- Community Health Workers
- DOH/DCF/Program Officer
- Early Childhood Specialist
- Early Head Start
- Healthy Families, HF/TIP, TIP
- Healthy Start
- Nurse Family Partnership
- Access for PRASPECT Data *Only*
- Community Agency – Completion / Submission of Initial Referral Forms *Only*
- Parents as Teachers
- Public Health Nursing
- M-WRAP
- OTHER _____

PLEASE INDICATE COUNTY(S):

- Atlantic
- Bergen
- Burlington
- Camden
- Cape May
- Cumberland
- Essex
- Gloucester
- Hudson
- Hunterdon
- Mercer
- Middlesex
- Monmouth
- Morris
- Ocean
- Passaic
- Salem
- Somerset
- Sussex
- Union
- Warren

Additional Information: _____

FOR FHI ADMIN USE ONLY		Acct set up by: KSS	DB	Other _____	Date set up: _____
CTID _____	UID _____	Training Completed Yes / No		Training Date: _____	
Approval: Yes / No	Approved by: _____	Confidentiality Agreement	<input type="checkbox"/>	Date Received: _____	
Notes: _____					

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