

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 _____ 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
- 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"/> Care Coordination | <input type="checkbox"/> Healthy Start | <input type="checkbox"/> Public Health Nursing |
| <input type="checkbox"/> Community Health Workers | <input type="checkbox"/> Nurse Family Partnership | <input type="checkbox"/> M-WRAP |
| <input type="checkbox"/> DOH/DCF/Program Officer | <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: _____

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@snjpc.org