DHS/APD Area Agency on Aging (AAA)

REQUEST FOR CITRIX ACCOUNT AND DHS APPLICATIONS

Note to OIS staff: This Citrix application has been modified to fit the needs of Type A Area Agencies on Aging. *Modifications authorized by Damon Welke*.

Please answer the following questions, save the document, and **submit via email to dorothy.r.sampson@multco.us. If you have any questions please call Dorothy at 503-988-8245**.

1. Name (Last, First, MI)–**Required**:	
2. Email address–**Required**:	
3. Phone–**Required**:	
4. Job title/description:	
5. Are you a State of Oregon DHS Partner?–**Required**:	**YES**
If you already have a Partner ID please list here:	
6. What agency do you work for? –**Required**:	
Not a AAA? Indicate the AAA your agency works with–**Required**:	**MCADS**
7. Physical address–**Required**:	
8. City and Zip Code–**Required**:	
9. Supervisor's name–**Required**:	
10. Supervisor's phone number–**Required**:	
11. DHS Business liaison name and contact information:	**Dorothy Sampson** dorothy.r.sampson@multco.us (503) 988-8245

12. Which DHS applications do you need?
    - Mainframe? **YES**
    - OACCESS? **YES**
    - OACCESS Training Module? **YES**

13. *Do you download client files to your laptop so you can access them while in the field?

    ☐ N ☐ Y, if yes, my IP address is . . . *

    (Find your IP address here: http://whatismyipaddress.com/)

    ***Service Desk** – the IP Address is required if the end-user has a laptop and wishes to check out client files and consolidate into OACCESS upon returning to the office.