



APD INFORMATION SYSTEMS ACCESS AUTHORIZATION  
Type A Area Agency on Aging Individual User Profile  
for Management of OAA And OPI Programs

<b>Check only applicable choices:</b>	<input type="checkbox"/> <b>Add</b> a New User ID (indicate RACF ID of a User at same address: _____ )
	<input type="checkbox"/> <b>Modify</b> Access <input type="checkbox"/> <b>Reinstate</b> User <input type="checkbox"/> <b>Revoke</b> User
	<input type="checkbox"/> Change name on User ID (NAME IS MODIFIED IN SYSTEM, RACF ID REMAINS SAME)
<b>Employed By:</b>	AAA Name: _____ Agency Acronym: _____
	AAA Contractor: _____ <input type="checkbox"/> Other (Specify) _____
<b>Default/Home Branch #:</b>	<b>Other AAA branch #'s:</b>

**User Information** ("User" is the person whose account is being affected)

Name First, M.I., Last		RACF ID (LEAVE BLANK IF NOT ASSIGNED YET)	Effective Date
Empl ID/or last 5 SSN #:	Position Title	Email Address	
Work Address, City and Zip			Phone

MCADVSD use only: ☐ Citrix processed    ☐ Mainframe pw    ☐ OA pw

**Manager Information**

Name First, MI, Last		Position Title
Division/Work Unit (IF APPLICABLE)	Phone	Email
Signature		Today's Date

**User access setup:**

For Enhancing Equity and District Center employees choose all that apply to applicants job function.

- |  |   |
|--|---|
| <input type="checkbox"/> Options Counseling                                | <input type="checkbox"/> Evidence Based Health Promotion Registration |
| <input type="checkbox"/> Information & Assistance                          | <input type="checkbox"/> Transportation Coordinator                   |
| <input type="checkbox"/> Oregon Project Independence (OPI) Case Management | <input type="checkbox"/> SHIBA Coordination                           |
| <input type="checkbox"/> Older Americans Act (OAA) Case Management         | <input type="checkbox"/> Program Management & Coordination            |
| <input type="checkbox"/> Processing home care worker vouchers              |   |