

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 user.access.support@multco.us**.

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:			MCADVS
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 dorothe.r.sampson@multco.us (503) 988-8245		

12. Which DHS applications do you need?

- 3270? **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.