

APD INFORMATION SYSTEMS ACCESS AUTHORIZATION

Type A Area Agency on Aging Individual User Profile
Multnomah for Management of OAA And OPI Programs
County

applicable		<u> </u>	nstate l	Jser Revoke U)	
choices:	_ •			DIFIED IN SYSTEM, RACF ID RE		AME)	
	AAA Name:			Agency Acronym:			
Employed By:	AAA Co	AAA Contractor:		Other (Specify)			
Default/Home Branch #:			ther AA	AA branch #'s:			
User Informat	tion ("User'	' is the person whos	e accou	ınt is being affected)			
Name First, M.I., Last				RACF ID		Effective Date	
			(LEAVE BLANK IF NOT ASSIGNED YET)		NED YET)		
Empl ID/or last 5 SSN #: PositionTitle				Email Address			
Work Address, City and Zip					Phone)	
		MCAD	VSD use	only: Citrix processed	 Mainfran	ne pw 🔲 OA pw	
Manager Info	rmation			, ,	_	. — .	
Name First, MI, Last				Position Title			
Division/Work Unit (IF APPLICABLE) Phone				Email			
Signature				Today's Date			
User access setup:							
•		enter employees choose al	ll that app	ly to applicants job function.			
Options Counseling				Evidence Based Health Promotion Registration			
☐ Information & Assistance				Transportation Coordinator			
Oregon Project Independence (OPI) Case Management				SHIBA Coordination			
Older Americans Act (OAA) Case Management				Program Management & Coordination			
☐ Processing home care worker vouchers				Pays Vouchers			
				Remove Pays Voucher rights			