

Mailing Address:
5665 Ponce de Leon Blvd.
Coral Gables, FL 33146



Phone Numbers:
Fax: 305.284.6992
Call: 1.800.231.5747

NEW USER DATA FORM

All new user accounts must be requested by the CHRIS Data Facilitator. Please fill out this form and fax it to the Help Desk. We will contact you when the user account has been created.

User Information

First Name: _____ Last Name: _____

Site Name: _____ Phone Number: _____

Site Address: _____

Email Address: _____

Record Access Information

Username: _____ Password: _____

County Access: _____

(List all the counties the user needs to access.)

Type of Record Access: *(Please check one.)*

_____ View Only

_____ Edit

_____ Edit/Delete *(May only delete Service Coordination events and significant adult records.)*

Type of User: *(Please check one.)*

_____ Data facilitator

_____ ESE Director

_____ Data entry/staff

_____ Other

_____ Manager

Grant Field Level Access: Social Security/Medicaid Number Yes No

Please sign your name below

CHRIS DATA FACILITATOR

CENTER MANAGER

DATE REQUESTED

Please fax to the CHRIS Help Desk at 305.284.6992. Thank you.