DATABASE USER REGISTRATION FORM
(Please Print Clearly)

Name  __________________________________________ Title  __________________________________________

Agency  __________________________________________

Agency Address  __________________________________________

Phone  __________________________________________ Email  __________________________________________

You will receive an email with your Username AND temporary password and access to on-demand training.

PLEASE INDICATE YOUR ROLE(S):

☐ Central Intake Administrator / CI Liaison / CI Specialist
☐ Program Supervisor / Program Administrator / Data Entry for Program
☐ Program Staff (CHW, Nurse, FSW, PE, Case Mgr, etc.)
☐ DOH/DCF or other State Designee
☐ Community Agency – Completion / Submission of Initial Referral Forms Only
☐ OTHER (Be Specific): __________________________________________

FOR WHICH PROGRAM(S) DO YOU NEED ACCESS:

☐ CENTRAL INTAKE  ☐ Healthy Families, HF/TIP, TIP  ☐ Parents as Teachers
☐ Care Coordination  ☐ Healthy Start  ☐ Public Health Nursing
☐ Community Health Workers  ☐ Nurse Family Partnership  ☐ M-WRAP
☐ DOH/DCF/Program Officer  ☐ Access for PRASPECT Data Only  ☐ OTHER ______________________
☐ Early Head Start  ☐ Community Agency – Completion / Submission of Initial Referral Forms Only

PLEASE INDICATE COUNTY(S):

☐ Atlantic  ☐ Cape May  ☐ Hudson  ☐ Monmouth  ☐ Salem  ☐ Warren
☐ Bergen  ☐ Cumberland  ☐ Hunterdon  ☐ Morris  ☐ Somerset
☐ Burlington  ☐ Essex  ☐ Mercer  ☐ Ocean  ☐ Sussex
☐ Camden  ☐ Gloucester  ☐ Middlesex  ☐ Passaic  ☐ Union

Additional Information:  __________________________________________

________________________________________

FOR FHI ADMIN USE ONLY  Acct set up by:  KSS  DB  Other  __________ Date set up:  _________________
CTID  __________  UID  __________  Training Completed  Yes / No  Training Date:  _________________
Approval: Yes / No  Approved by:  Confidentiality Agreement  __________ Date Received:  _________________
Notes:

Please complete and fax to FHI, 856-409-5699 or email to SPECT@snjpc.org