DATABASE USER REGISTRATION FORM
(Please Print Clearly)

Name ___________________________ Title ___________________________

Agency __________________________________________________________

Agency Address __________________________________________________

*Phone ___________________ *Ext. ___________________ Email ___________________

*Cell Phone ___________________________ Phone, extension (if applicable) and Cell phone ARE REQUIRED for security purposes.

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 / Early Childhood 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
☐ HWHF CHW/Doula ☐ Healthy Start ☐ Public Health Nursing
☐ DOH/DCF/Program Officer ☐ Nurse Family Partnership ☐ M-WRAP
☐ Early Childhood Specialist ☐ 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: __________________________________________________________

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

Revised 10/21/19db