



ECIS User Add/Change Request

Please fully complete and send to your Program Liaison

Date:

Requestor Name:

Requestor Email:

Requestor Phone Number:

Agency Name:

Agency Address (Street Address, City, Zip):

☐ New User Request

☐ Change/Remove Request

USER INFORMATION:

Home Visiting Model: ☐ Child First ☐ Early Head Start ☐ Healthy Families America ☐
☐ Nurse Family Partnership ☐ Parents as Teachers

New User Role: ☐ Program Manager *(Only relevant for contractors with multiple HV agency subcontractors)*
☐ Clinical Supervisor/Clinical Director (CF)
☐ Connections/Outreach Worker
☐ Data Entry
☐ Social Worker
☐ Home Visitor *(PAT, EHS & HFA select ONLY HV, other models – select additional home visitor title)*
☐ Clinician
☐ Care Coordinator
☐ Nurse Home Visitor

Name of User:

User's Email:

User's Phone Number:

User's Employment Start Date:

Funding Type: ☐ State-funded ☐ Federally-funded (MIECHV)

User's FTE status: ☐ Full-time ☐ Part-time

If Part-time, indicate amount (Ex: .75 or .50)

WHAT NEEDS TO BE DONE:

Requested Change: ☐ New User ☐ Remove Access ☐ Role Change ☐ Other

If you chose "Role Change" or "Other", please describe exactly what needs to be done:

Date of Change in Effect:
