

# Productive Living Board Data Access Request/Change Form

Complete this form to add a **NEW USER** or **CHANGE A USERS ACCESS** to the "For Agencies Only" website.

Agency Name: \_\_\_\_\_

Agency Staff Name: \_\_\_\_\_  
(Please Print)

Phone Number: \_\_\_\_\_

User ID: \_\_\_\_\_  
(Agency Email Address is now the **USER ID**)

Password: \_\_\_\_\_  
(Between 4 & 15 positions long)

The individual being replaced (if applicable): \_\_\_\_\_  
(This person no longer needs access to the "For Agencies Only" website)

**Before issuance of a user id & password, attendance at a short training session at the OPLS administrative office is required.**

I verify that I am responsible for my activities and the information that I enter and review in the PLB's "For Agencies Only" website. I agree that the user id and password issued to me are for my use **ONLY**, are confidential and will not be disclosed to third parties. In addition, I will read and follow the terms of the PLB Web Use Agreement (which will be displayed on my first logon).

\_\_\_\_\_  
Agency Staff Signature \_\_\_\_\_ Date

I acknowledge that I am the authorized Administrator for my Agency's Internet activities with PLB. I am the only person authorized to add additional users or delete users for our Agency's Internet activities, and request a password for each User. I certify and warrant that I have been properly authorized and empowered to sign the Data Access Request/Change Form, add additional users and delete users for Internet activities or any part of the activities and that PLB may rely without liability upon my instructions. I warrant and represent to PLB that those users added by me have my full authority to be added as a user for Internet activities. I agree that I have the affirmative responsibility to promptly delete a user of Internet activities by completing the Data Access Request/Change Form and by submitting it to the PLB, if that user ceases to be authorized as a user.

I give the above agency staff member access to the following online programs on behalf of our agency:

- Consumer Eligibility** (adding and maintaining consumer information for billing)
- Functional Skills Assessments** (If Checked, Enter PLB Project Numbers): \_\_\_\_\_
- Billing Program** (enter the project/ comp number for each project you need to have access, click the role you have for each project/ comp, a agency staff person cannot have all 3 roles, you must choose someone else as the submitter if you hold one of the other roles)
  - \_\_\_\_\_  Enterer  1<sup>st</sup> Approver  Submitter
  - \_\_\_\_\_  Enterer  1<sup>st</sup> Approver  Submitter
  - \_\_\_\_\_  Enterer  1<sup>st</sup> Approver  Submitter
  - \_\_\_\_\_  Enterer  1<sup>st</sup> Approver  Submitter
- In-Home/ In-Facility Services** (view consumer's usage of Residential Hours)

\_\_\_\_\_  
Administrator (Executive Director) Signature \_\_\_\_\_ Title \_\_\_\_\_ Date

**OPLS USE**

\_\_\_\_\_  
Training Date \_\_\_\_\_ Initial