

No Wrong Door Screening Tool Access Request Form

(Please print or type clearly)

Name (Last, First, MI):		
Agency (DMH, DAODAS, DJJ, DSS, or COC):		
Organization Name:		
Organization's County: (fill out separate form for each county)		
Organization's Address (Street):		
Address (City, State, Zip):		
Email Address:		
Telephone:		
Supervisor:		
Supervisor's Telephone:		
Date of Birth:		
City where you were born:		
Do you have access to the No Wrong Door site in another County:		
If yes, what county(s)?		
Should this person receive all referral email notifications for this location? (MH / AOD Only)	YES	NO
Request for new staff passwords		
Have you received the GAIN/ Confidentiality Training?	YES	NO
If yes, what date was the training completed?	Date _____	
Confidentiality Training Completed	Supervisor's Signature _____	

Supervisor Signature

Date

Supervisor Printed Name

DISCLAIMER FOR SUPERVISOR.

RFA Use Only	
Username:	
Date Request Approved:	
Date username and password sent to user:	