Connecticut Office of
EARLY Childhood

ECIS User Add/Change Request

Please fully complete and send to your Program Liaison   **Date**:

Requestor Name:

Requestor Email:

Requestor Phone Number: ☐ **New User Request**

Agency Name: ☐ **Change/Remove Request**

Agency Address (Street Address, City, Zip)**:**

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: