COUNTY OF LOS ANGELES
Public Health

Casewatch User Request Form

Add New User ☐   Reinstate a Previous Casewatch User ☐   Date:_____

User Name: _____ Title: _____

Agency:_____Site Address:_____

City: _____Zip Code: _____

Telephone: _____Email: _____

DHSP Service Category(ies) AND Contract Number(s)(**List All**)_____

_____

Is staff on the DHSP budget for the requested service categories & contracts listed above? ☐ Yes   ☐ No

How will this staff use Casewatch?   ☐ User's Own Direct Services   ☐ Invoices

☐ Reports/QM/Administrative   ☐ Data Entry Staff (**Entering Data for other Staff's Direct Services**)
                                                              *For whom? _____

Is the above staff replacing another Casewatch User?   ☐ Yes ☐ No   If yes, whom?

Name _____ Title _____
          Please note that the staff being replaced will be deactivated from Casewatch.

Previous Casewatch Users: Reason account was deactivated: ☐ Non-Use   ☐ Violation of Policy   ☐ Other

Explanation of above: _____

_____

List agency and service(s) previously authorized for_____

_____

Approved by: Supervisor Name and Title: _____ Signature: _____

          Telephone: _____   Email: _____

DHSP USE ONLY   Budget information above has been reviewed & verified?   ☐ Yes   ☐ No
                                  Casewatch Access approved?   ☐ Yes, Indefinitely ☐ Yes, Temporary_____ ☐ No

If no, provide explanation: _____

Program Manager:_____Signature: _____Date:_____