

MILWAUKEE COUNTY

APPLICATION FOR SYNTHESIS LOGIN I.D.

To request a Login in I.D. for Synthesis, complete the following application. PLEASE PRINT LEGIBLY!

Agency Name: _____ Staff Name _____

Phone No. _____ Ext. _____ Email: _____

Fax (if no email listed above): _____

Type of User: (Check one or more that apply)

- Checkboxes for user types: Care Coord / Worker, Crisis Stabilizer, Vendor Billing Staff, Vendor Data Entry Staff, etc.

Programs: (Check one or more that apply)

- Checkboxes for programs: Wraparound Milwaukee, REACH, FISS, MUTT, Children's Court

The above named agency requests that a Synthesis Login I.D. be issued to the above named staff at their agency. The staff receiving the Synthesis Login I.D. agrees to the following terms regarding maintenance of the I.D. and access to confidential information in Synthesis.

The agency requesting a Synthesis Login I.D. for the above named individual agrees to notify the Synthesis Help Desk when this individual's I.D. is to be inactivated because the individual's job responsibilities no longer require access to Synthesis or the individual is no longer employed by the agency.

SYNTHESIS USER I.D. AGREEMENT

I agree to keep my Synthesis Login I.D. and password confidential and not to share it with any other individuals within or outside my agency. I understand that information provided through Synthesis is confidential and agree to protect this information, using it only as needed to perform my job duties.

I agree to report to Synthesis Help Desk staff (257-7547) any unusual activity or inappropriate access to information that occurs while using Synthesis.

Staff Signature _____ Date Signed: _____

Authorized by (signature) _____ Print Name: _____

For Wrap/REACH staff only: Pager No. _____ Cell No. _____

FAX completed request to Synthesis Help Desk Staff at: (414) 257-7575

SYNTHESIS - OFFICE USE ONLY

Reviewed/Created by: _____ Date: _____