

Virginia Vital Events and Screening Tracking System VISITS Family to Family User Access Request Form

NAME: Last
E-Mail:

First
User ID:

Middle
Phone#:

(REQUIRED- users that do not provide email address will not be approved for VVESTS/VISITS access.)

Family-to-Family Facility Name:

Address: City State Zip Code

(Access will be associated with this address/facility ONLY)

Working Title: Date:

Optional: Notary ID #: Notary Expiration Date:

	Role Name	Description of Job Function
<input checked="" type="checkbox"/>	BASIC_LOGIN	This role need be assigned to all users of the application.
<input type="checkbox"/>	FAM_TO_FAM_SUPPORT_ROLE	This role is used by Family-to-Family Support Service Facility to receive referral information from the Virginia Department of Health Early Hearing Detection Intervention Program (VEHDIP) and to report enrollment status on infants and children referred.

The user agrees to keep the access information like logon-id and password to the Virginia Vital Events and Screening Tracking System confidential. Family to Family Providers will receive an e-mail notification about infants and children reported to VDH with a diagnosed hearing loss. Family to Family Providers will access VISITS to receive referral information and report enrollment information to VDH through the VISITS reporting system.

SIGNATURES

Employee/Contractor: Date:

Supervisors will notify VDH of the termination of an employee by faxing this form to (804) 864-7721 with the below information completed. There-by terminating access to Virginia Vital Events and Screening Tracking System.

Please terminate access of the above user:

Notification Date: Last Date of Access:

MANAGEMENT APPROVAL:

Supervisor/Manager/Program Director

Print Name: Last First Middle
Title: Phone #: Email:
Signature: Date:

VDH APPROVAL:

Division of Child and Family Health: Date:

For Program Questions please call 866-493-1090 Email; va_ehdi@vdh.virginia.gov

VDH Application Help Desk Contact Information:	
Phone Number	804-864-7200 and select option 2
FAX Number	804-864-7771
Email	oit_webappshelp@vdh.virginia.gov