



IGA Manager

Brokerage, Contractor, Local Authority User Enrollment Form

INSTRUCTIONS: * indicates required fields.

- *The language of the Intergovernmental Agreement with the counties specifies that the “Board Order must authorize the Financial Assistance Administrator to amend the Financial Assistance Award and the Service Element Prior Authorization, on behalf of the County.”*
- **The Person who signs this form must be listed as an authorized board Delegated signatory.** *Only this person can authorize the role of Intergovernmental Agreement (IGA) Manager. For Counties, a copy of the Board Order must be included when the form is submitted.*
- **Send completed form to Info.eXPRS@odhsoha.oregon.gov or 503-947-5044.**

*Indicate Action: <input type="checkbox"/> Add User <input type="checkbox"/> Modify User <input type="checkbox"/> Deactivate User <input type="checkbox"/> Change of Info	
*User’s Name: (Last, First MI) (Print Name)	*Already have an eXPRS login name?
*Job Title:	*Name of Organization:
*Organization Address: (Mailing Address)	*City, State, Zip:
*Requesting access for the following county(ies):	
*Phone Number:	*Email Address:

IGA Manager Role *(assign to Organization)*

Add	Del	Role Name/Description
<input type="checkbox"/>	<input type="checkbox"/>	Brokerage IGA Manager – able to view contract and all funding allocation information, client & provider authorization information, client SIS Assessment; able to <u>Accept/Reject/View</u> : SEPA funding; able to run various payment & enrollment reports.
<input type="checkbox"/>	<input type="checkbox"/>	Contractor IGA Manager – able to view contract and all funding allocation information, client & provider authorization information, client SIS Assessment; able to <u>Accept/Reject/View</u> : SEPA funding; able to run various payment & enrollment reports.
<input type="checkbox"/>	<input type="checkbox"/>	Local Auth (CDDP) IGA Manager – able to view contract and all funding allocation information, client & provider authorization information, client SIS Assessment; able to <u>Accept/Reject/View</u> : SEPA funding; able to run various payment & enrollment reports.

Signature

Authorized Board Delegated Signatory: <i>(Print Name)</i>	Phone Number:	Ext.:
Title:	Email Address:	
*Authorized Board Delegated Signatory: <i>(Signature)</i>	*Date: / /	

Maintain form in local file for audit purposes.