

Agency Paid Parent Direct Support Professional User Enrollment Form

This form is required to create a record for all Paid Parent Direct Support Professionals and enter Parent/Child relationships in eXPRS. The DSP may use their agency's third-party billing solution or eXPRS Mobile-EVV to bill for services. An asterisk indicates required fields.

Select Action	
<input type="checkbox"/> Add User	<input type="checkbox"/> Change of Information
<input type="checkbox"/> Deactivate User	<input type="checkbox"/> Document Parent/Child Relationship

User Information	
*Paid Parent DSP User's Name: (Last, First MI)	Social Security Number or eXPRS Login:
*Paid Parent DSP's Address:	*Paid Parent DSP's Personal Email:
*Agency Name:	*Agency Address:
*Agency eXPRS Provider ID Number:	*Agency Phone Number:
*Paid Parent DSP's Agency Email:	*Paid Parent's Relationship to Child: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Biological Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent
*Child's Name:	*Child's Prime Number:

Add	Del	User Role/Description
<input type="checkbox"/>	<input type="checkbox"/>	Direct Support Professional (DSP) – able to Create Service Delivered Billing Entries via eXPRS Mobile-EVV for assigned Agency provider.

I also work as a DSP for other Agency Provider(s) (please list):

***I solemnly swear** (select one):

By checking this box, I acknowledge that **I also work** as a Personal Support Worker.

By checking this box, I acknowledge that **I do NOT work** as a Personal Support Worker.

***Please Sign Below:**

By signing, I affirm all information provided is true and correct, and acknowledge that failure to accurately represent my role as a Personal Support Worker may be considered Medicaid fraud.

Signatures Required for All Roles	
Direct Support Professional's Signature:	Date:
Agency Manager's Signature:	Date:

Send completed form to: info.exprs@odhsoha.oregon.gov or fax to 503-947-5044.
Once the TAU completes their portion of the work, they will send the form to the Children's Extraordinary Needs email inbox at cenprogram@odhs.oregon.gov.
Maintain a copy of this form in your local file for audit purposes.