

Foster Care Provider User Enrollment Form

Incomplete or illegible forms will not be processed. An asterisk indicates required fields. Maintain form in local file for audit purposes. Send completed for to Info.eXPRS@odhsoha.oregon.gov or fax to (503) 947-5044.

Select Action

 Add User
 Modify User
 Deactivate User
 Change of Information

User Information

*User's Name: (Last, First MI)

eXPRS Login Name:

*Job Title:

*SPD Provider Number for each Foster Home:

*Mailing Address:

*City, State, Zip:

*Phone Number:

*Email Address:

Foster Care Provider Roles

| ADD | DEL | User Role | Description |
|--------------------------|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | DD FC Claims Manager | All DD FC Claims Preparer Permissions, and also - <ul style="list-style-type: none"> • Submit/Void/Edit: Foster Care Claims |
| <input type="checkbox"/> | <input type="checkbox"/> | DD FC Claims Preparer | All DD FC Claims Coordinator Permissions, and also - <ul style="list-style-type: none"> • Create/Delete/Save: Foster Care Claims • Run: Foster Care-related Reports |
| <input type="checkbox"/> | <input type="checkbox"/> | DD FC Claims Coordinator | View: Foster Care Authorizations, Claims, Limited Individual Information |

Signatures Required for All Roles

| | | |
|--|-----------------------|--------------|
| Manager Name: <i>(Print Name)</i> | Phone Number: | Ext.: |
| Manager Title: | Email Address: | |
| Manager Signature: | Date: | |