DBHDS >>>

VA Crisis Connect: User Access Request Form

System User Information   **Date**

First & Last Name   User's Work Email   User's Mobile Number

Role of this System User **(Refer to User Role Guide before selecting)**

ES Agent: ES Lead: ES Mobile Team Member: Regional Crisis Agent: Regional Crisis Specialist:

Call Center Agent: Care Navigator: Mobile Dispatcher: Mobile Team Member:

REACH Regional Crisis Agent: REACH Agent

Has User Completed Mobile Response Training?   Yes   No

Action to take: Add User   Modify User Role   Inactivate User

Servicing Provider Information **(If this is a NEW provider, complete and include a New Service Provider form)**

Provider State Corporation Commission (SCC) Name & Phone   Servicing Provider Address

Service Region(s)

R1   R2   R3   R4   R5

Authorizing Approver's First & Last Name

Authorizing Approver's Signature Image

Email completed form to: **crisis_services@dbhds.virginia.gov**   <u>Subject Line</u>: **Access Request**