

# GAIN ABS Staff Access Authorization Form

rev 09.11.20

This form authorizes staff to obtain a GAIN ABS Staff Account for your agency. All staff who use the GAIN ABS system must obtain an individual account. Provider agencies are responsible for managing access to GAIN ABS and for notifying Chestnut Health Systems of any changes by contacting [gaininfo@chestnut.org](mailto:gaininfo@chestnut.org)

Email completed form to [gaininfo@chestnut.org](mailto:gaininfo@chestnut.org)

Date:

Agency Name:

Address:

Program Type:

☐ A-CRA/ACC

☐ FBR

☐ MDFT

☐ IPV FAIR

☐ MST

☐ MST-BSF

☐ MST-PSB

☐ SAFE-FR

☐ OTHER:

If applicable, name or location of team:

## Part II. User Information

Staff Name:

Email:

Phone:

Ext:

## CHS Use Only\*

ABS ID\*:

Initials\*:

Supervisor Name:

Supervisor Email:

Has this staff used the GAIN at another agency?

☐ YES

☐ NO

If yes, at what agency?

## Part III. User Role/Permissions

Assigning roles controls the level of access staff have to client information in the ABS system. **Please assign one role from the list below.**

### Office Clerk

☐ Data entry, and read-only and print capability for reports.

### Clinician

☐ Office clerk permissions plus data entry and report editing

### Clinical Supervisor

☐ All other permissions plus can delete client records

Will this staff person be a GAIN DATA MANAGER for your program?

☐ YES

☐ NO

NOTE: Data Managers must attend a one-hour online training to learn how to complete GAIN edits for quality assurance.

## Part IV. Authorization

Email completed form to [gaininfo@chestnut.org](mailto:gaininfo@chestnut.org)

Completed by:

Authorized By:

Print Name

Next Level Manager's Signature