

GAIN ABS Staff Access Authorization Form

rev.05.13.2022

This form authorizes staff at DCF funded programs using the GAIN to obtain a GAIN ABS account under your agency. All staff who use GAIN ABS are required to have an individual account. **Provider agencies are responsible for managing access** to GAIN ABS and notifying Chestnut Health Systems of any changes by contacting GAINInfo@chestnut.org.

Date:

PART I. AGENCY & PROGRAM INFORMATION

Agency Name:

Agency Address:

Program Type: FBR HYPE Recovery IPV-FAIR MDFT MST

MST-BSF MST-PSB SAFE-FR SSTRY Other:

If applicable, name or location of team:

PART II. STAFF INFORMATION (GAIN ABS USER)

Staff Name:

Email:

Work Phone: Ext: Cell Phone:

Supervisor Name: Supervisor Email:

Has this staff used the GAIN at another agency: No Yes, what agency?:

PART III. STAFF PERMISSIONS

Assign one role to this staff from the list below. Assigning roles controls the level of access staff have to client information in GAIN ABS.

Office Clerk

Data entry, print reports

Clinician

Office clerk permissions + edit reports

Clinical Supervisor

All other permissions + can delete client records.

Will this staff be a GAIN DATA MANAGER for your program? No Yes

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

PART IV. AUTHORIZATION BY GAIN ABS MANAGER

Completed by:

Authorized by:

Email completed form to: GAINInfo@chestnut.org