

# GAIN ABS Staff Access Authorization Form

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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](mailto:GAINInfo@chestnut.org).

Date:

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## 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:

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## 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?:

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## 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.*

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## PART IV. AUTHORIZATION BY GAIN ABS MANAGER

Completed by:       Authorized by:

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