



WRAPAROUND MILWAUKEE FISS SERVICES



APPLICATION FOR SYNTHESIS LOGIN I.D.

To request a Login in I.D. for Synthesis, please complete the following application.

Agency Name: _____ Staff Name (print) _____

Phone No _____ Ext. _____ **Pager No. _____

**Email address _____ **Cell No. _____

**If no email listed above, FAX No. to send Login Information to: _____

Agency Staff Authorizing I.D. Request _____
(Signature of agency supervisor)

**Required fields only for Wraparound Care Coordination Staff

Access Level Being Requested: (Check One or More that Apply)

- | | |
|---|---|
| <input type="checkbox"/> View / Invoice Agency Services | <input type="checkbox"/> Care Coordinator |
| <input type="checkbox"/> FISS Worker | <input type="checkbox"/> Care Coordinator Supervisor |
| <input type="checkbox"/> FISS Supervisor / Lead | <input type="checkbox"/> Care Coordinator Lead |
| <input type="checkbox"/> Crisis Worker | <input type="checkbox"/> Care Coordination Agency Clerical Access |
| <input type="checkbox"/> Crisis Supervisor | <input type="checkbox"/> Report Entry (<i>Update Group Home Bed Availability</i>) |
| <input type="checkbox"/> Reports only (list groups below) | <input type="checkbox"/> Other (describe) _____ |

The above named agency requests that a Synthesis Login I.D. be issued to the above named staff at their agency. The staff receiving the Synthesis Login I.D. agrees to the following terms regarding maintenance of the I.D. and access to confidential information in Synthesis.

The agency requesting a Synthesis Login I.D. for the above named individual agrees to notify the Synthesis Help Desk when this individual's I.D. is to be inactivated because:

- the individual's job responsibilities no longer require access to Synthesis
- the individual is no longer employed by the agency.



SYNTHESIS USER I.D. AGREEMENT

I agree to keep my Synthesis Login I.D. and password confidential and not to share it with any other individuals within or outside my agency.

I understand that information provided through Synthesis is confidential and agree to protect this information, using it only as needed to perform my job duties.

I agree to report to Synthesis Help Desk staff (257-7547) any unusual activity or inappropriate access to information that occurs while using Synthesis.

Staff Signature: _____ Date: _____

Fax Completed Form to Synthesis Help Desk Staff at: (414) 257-7575

SYNTHESIS - OFFICE USE ONLY

Reviewed/Created by: _____ Date: _____