Nevada Web Applications
User Access Request Form

INSTRUCTIONS: This form is to be completed digitally by the user, user's supervisor and forwarded to the grantee for signature. Please allow three business days to complete your request for account creations or modifications. Deletions will happen upon receipt. Handwritten forms are not accepted.

☐ **New User**
☐ **Delete User**
☐ **Change User Permissions**

Date of Request: _____

Agency Name: _____

User Information

First Name	
Middle Initial	
Last Name	
Title	
Agency Name	
Work Address	
City, State, Zip	
Work Phone	
Email Address	

User Role Part A/Part B (Select all applicable)

☐ **Submitter** – Enters client data, submits applications and creates service referrals.
☐ **Approver** – Enters client data, creates applications and approves eligibility for provider
☐ **Editor** – Can edit/add client data (non-clinical and clinical)
☐ **Viewer** – Read-only access
☐ **Reports** – Ability to run CAREWare reports
☐ **Service Referrals** – Ability to send and manage service referrals

User Role Part A (Select all applicable)

☐ **Central Eligibility Approver** – Central Eligibility application approver
☐ **Rapid Start (Non- Ryan White)** - Gives non-Ryan White funded clinics the ability to report "Getting to Zero" data for reporting.
☐ **Rapid Start (Ryan White)**- Gives Ryan White funded clinics the ability to view their performance measure reports for "Getting to Zero" data.
☐ **Data Integration System** – Gives user permission to import data into CAREWare.

User Role Part B (Select all applicable)

☐ **ADAP Enroller** – Approve ADAP enrollment
☐ **ADAP Specialist** – ADAP management

Supervisor

Supervisor Name	
Supervisor Phone	
Supervisor Email	

Additional Comments/Notes:

_____

Confidentiality Acknowledgment

By signing this form, I acknowledge that any client information I view or access in NV CAREWare and RWISE is strictly confidential. I will:
- Only access client data necessary to perform my job duties
- Never attempt to view or disclose client records without a Release of Information
- Never share or transmit any confidential client information externally
- Understand that violations of these terms may result in disciplinary action

Signature of User: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Submit this completed form to: **Nevada Portal Support Request** or help@triyoung.com

For Office Use Only ☐ Superuser Permission		Authorized Signature:	
Date Received:	Processed By:	Date Activated/Retired:	CW Username: