GAIN ABS Access & Management

Please use this form to authorize staff from your agency to access the GAIN ABS web-based system. All staff who use the GAIN ABS system ("users") must have this form completed. Users also must attend a webinar to learn about the system, and must have a GAIN Usage Agreement on file at Chestnut. **NOTE:** Staff accounts may be limited. Provider agencies are responsible for managing access to the ABS system for their staff and notifying ABS administrators of changes.

Fax completed form to LISA GUDINO @ 309-451-7762.

Agency Name: _____ **Date:** _____

City/Town: _____

Program Type:

☐ A-CRA/ACC ☐ MDFT ☐ FBR ☐ OTHER: _____

☐ Residential ☐ MDFT - FSATS ☐ MST ☐ MST-PSB

Part I. User Information

DCF/CHS Use Only*

Staff Name: _____ **ABS ID*:** _____

Email: _____ **Initials*:** _____

Phone: _____ **Ext:** _____

Has this staff used the GAIN at another agency? ☐ YES ☐ NO

If yes, at what agency(ies)? _____

Has this staff completed a GAIN Usage Agreement? ☐ YES ☐ NO ☐ NOT SURE

If no, a Usage Agreement must be completed before an account is assigned.

Has this staff attended a GAIN ABS Webinar training? ☐ YES ☐ NO

Part II. User Role

Assigning roles controls the level of access staff have to client information entered in the ABS system. Office Clerks will be limited to data entry, and read-only and print capability for reports. Clinicians can enter data and edit reports. Clinical Supervisors have access to client information, aggregate reports, and can delete information. **Please assign one role from the list below.**

☐ Office Clerk ☐ Clinician ☐ Clinical Supervisor

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 III. Authorization

Authorization by Program Supervisor Recommended

Completed by: _____ **Authorized By:** _____

Print Name Signature