

**CT DDS Annual Report Submission Login Request Form**

**Type of Request (select at least one):**

Create Employee Access \_\_\_\_\_  
Remove Employee Access \_\_\_\_\_  
Create/Remove Consultant Access \_\_\_\_\_

**Create Employee Access Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_

**Remove Employee Access Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_

**Consultant Access Information:                      Circle one: Create / Remove**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_  
Company Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Facility Information (required for all requests):**

Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Contact Person/Administrator Authorization for Facility (required for all requests):**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_ Request Date \_\_\_\_\_

E-mail or fax the completed form to Myers and Stauffer LLC at:  
E-Mail: AnnualReports@mslc.com                      Fax: (860) 687-0810  
Both e-mailed and faxed forms must have a coversheet with facility letterhead.  
Please place DDS Login Request in the subject line.

CT DDS Annual Report Submission Login Request Form Instructions  
Revised 08/29/2014

Providers should use the CT DDS Annual Report Submission Login Request Form to request login access for employees, remove login access for employees, and request/remove login access for consultants or contractors that submit Annual Report information on behalf of the provider.

**Type of Request**

If you are requesting login access for an employee who does not currently have access to the system, check the Create Employee Access item and complete the fields in the Create Employee Access Information section.

If you are requesting that access be removed for an employee with current access to the system, check the Remove Employee Access item and complete the fields in the Remove Employee Access Information section.

If you are replacing one employee with another employee, check both the Create Employee Access and Remove Employee Access items and complete the fields in both the Create Employee Access Information and Remove Employee Access Information sections.

If you are requesting that access be created or removed for a consultant or contractor, check the Create/Remove Consultant Access item and complete the fields in the Consultant Access Information section.

**Create Employee Access Information**

If you checked the Create Employee Access item, complete all of the fields in this section. The employee will be given login access to the system for the provider in the Facility Information section.

**Remove Employee Access Information**

If you checked the Remove Employee Access item, complete all of the fields in this section. The employee's login access to the system will be removed for the provider in the Facility Information section.

**Consultant Access Information**

If you checked the Create/Remove Consultant Access item, complete all of the fields in this section. Be sure to circle Create or Remove at the top of the section to indicate if the consultant or contractor should be granted access to the system or have the access to the system removed for the provider in the Facility Information section.

**Facility Information**

This section must be completed for all forms. The information in this section is for the provider that is submitting an Annual Report. This information will be used to look up the provider in the system.

**Contact Person/Administrator Authorization for Facility**

This section must be completed for all forms. The administrator or designated contact person at the facility that is authorizing granting/removing access for the individual in the Create Employee Access Information, Remove Employee Access Information, or Consultant Access Information sections must complete all of the fields. If there are any questions concerning the information submitted on the form, the administrator or designated contact person named here will be contracted for clarification.

**Submitting the Login Request Form**

E-mail or fax the completed form to Myers and Stauffer LLC at:

E-Mail: [AnnualReports@mslc.com](mailto:AnnualReports@mslc.com)

Fax: (860) 687-0810

Forms must be sent with a cover sheet that includes the provider's letterhead. If a form is submitted without a coversheet with the provider's letterhead, processing of the form will be delayed while we verify that the form was sent by the provider. Please include DDS Login Request in the subject line of the e-mail or cover sheet.