

## No Wrong Door Screening Tool Access Request Form

(Please print or type clearly)

Name (Last, First, MI):	
Agency (DMH, DAODAS, DJJ, DSS, or COC):	
Organization Name:	
Organization's County: (fill out separate form for each county)	
Organization's Address (Street):	
Address (City, State, Zip):	
Email Address:	
Telephone:	
Supervisor:	
Supervisor's Telephone:	
Date of Birth:	
City where you were born:	
Do you have access to the No Wrong Door site in another County:	
If yes, what county(s)?	
Should this person receive all referral email notifications for this location? (MH / AOD Only)	<div style="display: flex; justify-content: space-around;"> <span><b>YES</b></span> <span><b>NO</b></span> </div>
<b>Request for new staff passwords</b>	
Have you received the GAIN/ Confidentiality Training?	<div style="display: flex; justify-content: space-around;"> <span><b>YES</b></span> <span><b>NO</b></span> </div>
If yes, what date was the training completed?	Date _____
Confidentiality Training Completed	<div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: right; margin-right: 10px;">Supervisor's</div> <div>Signature _____</div> </div>

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Printed Name

### ***DISCLAIMER FOR SUPERVISOR.***

RFA Use Only	
Username:	
Date Request Approved:	
Date username and password sent to user:	