

OR PTC DCI — Consumer/Provider Profile Maintenance

Check all that apply:

- Add** a new Consumer/Provider combination *Date Voucher Created* *Voucher #*
- Deactivate** a Consumer *(Complete only Consumer information part 1 and Staff Information.)*
- Deactivate** a Provider *(Complete only Provider information part 1 and Staff Information.)*

Consumer information part 1

Name (<i>first, last</i>):	Prime number:
Email address:	

Consumer information part 2 *(If the Consumer is already in OR PTC DCI, do not complete this section.)*

Address (<i>include apartment number when applicable</i>):	City:	State: OR	ZIP:
Time Zone: <small>Choose an item.</small>	Landline Phone:	Alternate phone:	Mobile phone:
Preferred language:	DOB (<i>mm/dd/yyyy</i>):	SSN: ____-____-____	
Branch name:			Branch number:

Service code *(Select service codes)*

Provider information part 1

Name (<i>first, last</i>):	UnID (<i>found on the PRV8 screen in DHR</i>):
Provider number:	Email address:

Provider information part 2 *(If the Provider is already in OR PTC DCI, do not complete this section.)*

Address (<i>include apartment number when applicable</i>):	City:	State:	ZIP:
Time Zone: <small>Choose an item.</small>	Phone:	Alternate phone:	Mobile phone:
DOB (<i>mm/dd/yyyy</i>):	SSN: ____-____-____	Preferred language:	

Consumer Login

<p>Should this user be able to log into OR PTC DCI?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Staff information *(The staff making the request/filling out this form. This is the contact if questions arise.)*

Name (<i>first, MI, last</i>):	Phone:	Extension:	Date submitted:
Branch number:	Position/title:		