

OR PTC DCI — Consumer/Provider Profile Maintenance

Check all that apply:

Add a new Consumer/Provider combination *Date Voucher Created* *Voucher #*

Consumer information part 1

Name (first, last):	Prime number:
Email address:	

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

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

Service code (Select service codes)

Provider information part 1

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

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

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

Consumer Login

Should this user be able to log into OR PTC DCI?

☐ Yes

☐ No

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:		