

HSD Business Systems Request

Please fill out the form below to request a P# for a new user, to request a reinstatement of a current user that is disabled, or to deactivate a current user that should no longer have access to MOTS.

For new access and reinstatement, expect for this process to take 10 business days to complete. Both the requestor and the user will receive an email when the process is complete. The end user will need to log in as soon as they receive notification from MOTS Support. This is a time sensitive process.

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| --- |
| Name of Agency or Facility |
|   |
| Agency or Facility Street Address |
|       |
| City | State | Postal Code | County of Agency or Facility | Phone Number with Area Code/ Ext |
|       |       |       |       |       |
| User’s Legal First Name | M.I. | User’s Legal Last Name | User’s Email |
|       |       |       |       |
| End User Position/Title |       |
| Account Access Information |
| Account type? [ ]  New [ ]  Reinstate [ ]  Deactivate  | To Reinstate/Deactivate Provide existing P#, if known | **P#**  |
| If your agency has more than one facility in MOTS, do you want this user to have access at the agency level – meaning that they will have the same rights for all facilities? [ ]  Yes [ ]  No [ ]  N/AIf No, which facilities should they have access to?       |
| Does the agency have an existing access agreement number? [ ]  Yes [ ]  No [ ]  Not Sure |
| Please provide 6-digit Access Agreement number, if known  | **AA #**  |
| Program and User Roles – Please check the appropriate boxes and choose from the drop-down menus.  |
| [ ]  ACR  [ ]  MOTS  |
| **Please note: If choosing PG Net, all requests will be placed on a wait list until program is deployed.**[ ]  PG Net/ GAMBLING   |

Once this form is completed, please have your manager send it to: mots.support@dhsoha.state.or.us.

The body of the email should state: “I am the manager and approve assigning/reactivating/deactivating) a P# for (INSERT NAME OF USER).”