

Ahlers User ID/Password Request Form (For agencies with 10 or more clinics)

To gain access to the RH Access Fund Eligibility Database and Ahlers Data Reports:

1. Download the form and/or open it in Adobe,
2. Complete the 'User Information Section' as well as the appropriate 'Access Information' section **based on your primary role**, and
3. Click the "Email Form" button above (this will open a new window), or email the form to rh.program@dhsaha.state.or.us.

Ahlers will then contact the user with their confidential password within 1-2 business days.

User Information	
Name:	
Title:	
Agency Name:	
Direct Phone Number:	Extension:
Email:	

Please complete ONE of the following sections based on your primary role:

Primary Role: Billing and/or Viewing Data Reports

Please provide the Ahlers agency number for which you are viewing reports. All Ahlers numbers are 4-5 numeric digits (no letters).

Access Information (Project level access)	
Username (up to 9 letters &/or numbers):	
Agency/Project Number:	

OR

Primary Role: Client Eligibility (i.e. enrolling clients, updating client records)

Please provide the Ahlers agency and clinic/site number(s) for the clinic(s) where you will be enrolling clients. All Ahlers numbers are 4-5 numeric digits (no letters).

If you provide more than one clinic number, you will be able to select the clinic/site for which you are entering or viewing information each time you log in to the RH Access Fund Eligibility Database.

Access Information (Clinic level access)	
Username (up to 9 letters &/or numbers):	
Agency/Project Number:	
Clinic/Site #1 Number:	Clinic/Site #2 Number:
Clinic/Site #3 Number:	Clinic/Site #4 Number:
Clinic/Site #5 Number:	Clinic/Site #6 Number:
Clinic/Site #7 Number:	Clinic/Site #8 Number:
Clinic/Site #9 Number:	Clinic/Site #10 Number: