



Shawnee County
Community Developmental Disabilities Organization
"Your resource for connecting our community"

Shawnee County CDDO Web Based Management System Basic Consumer Information (BCI) Affiliate Access Application and Agreement

All information must be filled out completely. **Please print.** Date of Request _____

Type of Request: Add/Renew Access Change Access Terminate Access / Effective Date: _____

Employee Job Title Email Address

Supervisor Job Title Email Address

Affiliate Agency Name Phone Number

Address City State Zip

I will maintain the security of all electronic records by not allowing any unauthorized individuals to have access to my User ID and Password that provide access to BCI. In the event that my password is lost or compromised, I will notify my supervisor and the CDDO immediately.

Should the employee no longer be associated with the Affiliate Agency, the supervisor will immediately notify the CDDO Director and Information Technology Assistant to terminate the employee's BCI access.

This agreement will remain in force until terminated by the CDDO or the Affiliate Agency. Violations of this agreement may result in corrective action.

Employee Signature Date

Supervisor Signature Date

FOR CDDO USE ONLY

Type of Access:	
<input type="checkbox"/> TCM	
<input type="checkbox"/> FMS	
<input type="checkbox"/> Day/Res	
<input type="checkbox"/> SD	
<input type="checkbox"/> CDDO	
<input type="checkbox"/> Other _____	BASIS Agency Reporting Number _____

Date Received _____ Date Approved _____ Approved by _____