



Basic Consumer Information (BCI) Add, Change or Delete Security Form

All of the below section is completed by the Employee and Supervisor.

Date of Request: _____ Add ___ Change ___ Delete ___

Print Full Name (First, Middle Initial, Last) Job Title

 Employee Signature Date Email Address

Print Supervisor Full Name (First, M.Initial, Last) Job Title

 Supervisor Signature Date

 Agency or Provider Name Phone# Email Address

 Agency or Provider Building Location Address, City, Zip Code

Secret Question, What is your Mother's First Name? _____

Questions, Comments or Notes: _____

This section is completed by the Database Administrator(s). Profile Classifications – Type of Access (*Not Active, Bold CDDO Only)		
1- CDDO Database Admin.	*Action Plan (AP)	Read Write Admin
2- CDDO Case Manager	Basic Consumer Info. (BCI & CM)	Read Write Admin
3- CDDO Director	Community Developmental Disabilities Org. (CDDO)	Read Write Admin
4- CDDO Other Describe	*Job Development (JD)	Read Write Admin
5- Provider Case Manager	Medical Management (MM)	Read Write Admin
6- Provider Director	Plan of Care (POC)	Read Write Admin
7- Provider Other Describe (Supervisor, etc.)	Quality Management Survey (PAS) Reports (RPT)	Read Write Admin
8- Provider Guardianship	Training Management (TM)	Read Write Admin
9- Provider Payroll Agent	Mobile Connections (WL)	Read Write Admin

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