KARES Provider Access

Form

Type of Request: ☐New User   ☐Edit/Remove Access   ☐Provider Update

Unique Provider Name _____
(Name of Facility)

Provider Address: _____

_____

License Number _____

_____
(Name of Person Submitting Request)   **(Date of Request)**

Provider Type: Certified   License Type I   License Type II
(Please circle provider type)
                         Registered In Child Home   Registered in Provider Home

User Information

_____
_ (Last Name, First Name / for multiple requests please see second page)

_____
_ (Email)   (Phone)

User Information

1. _____
    (Last Name, First Name)

    _____
    (Email)   (Phone)

2. _____

(Last Name, First Name)

_____
(Email)   (Phone)

3. _____
(Last Name, First Name)

_____
(Email)   (Phone)

4. _____
(Last Name, First Name)

_____
(Email)   (Phone)

5. _____
(Last Name, First Name)

_____
(Email)   (Phone)

6. _____
(Last Name, First Name)

_____
(Email)   (Phone)