

**Group**

**Account Request Form (ARF) - Mental Health Programs**

Email form to MHEHRAccessRequest.HHSA@sdcounty.ca.gov

ALL FORMS MUST BE TYPED AND COMPLETE OR WILL BE RETURNED

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To be completed when exact changes are requested for multiple staff. Only for existing, current users.

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**Type of Request:**

**Effective Date:**

**Program Name:**

**Legal Entity Number:**

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**STAFF NAMES AND IDs** (Complete with all staff and IDs. If more space is needed, please attach a list in Table form of all staff.)

**Do all staff require the same change?**    **Yes**    **No**

If No, please send additional ARFs for staff who require different changes to their accounts.

ID	STAFF NAME

ID	STAFF NAME

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**UNIT/SUBUNIT ACCESS** (List all Units/Subunits to be added or deleted.)

<b>Unit:</b>	<b>Subunit:</b>
<b>Unit:</b>	<b>Subunit:</b>
<b>Unit:</b>	<b>Subunit:</b>
<b>Unit:</b>	<b>Subunit:</b>

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**COMMENTS** (Please provide additional information, regarding the request.)

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**PROGRAM CONTACT INFORMATION** (where communication to program will be sent regarding ARF)

<b>First Name:</b>	<b>Last Name:</b>	
<b>Email:</b>		<b>Phone:</b>

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**USER ACCESS AUTHORIZATION**

*Pursuant to the contractual agreement on file with the County of San Diego and as designated by my corporate office, I am authorizing access as noted above and affirm that I have personally reviewed the County's Summary of Policies with the above user.*

<b>First Name:</b>	<b>Last Name:</b>	<b>Date:</b>
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**Authorizing Program Manager Signature:**

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