



# Provider Portal Administrator Application Form

**Administrator:** A person who will have the ability and responsibility to set up users, assign user permissions, activate, and inactivate users accessing the portal within your organization.

Please fill out this form and return it to us using one of the following methods:

- Email: [ACS-ResourceTeam@inclusa.org](mailto:ACS-ResourceTeam@inclusa.org)
- Fax: (608) 785-5335
- Mail: Inclusa, Inc.  
3349 Church St.  
Stevens Point, WI 54481

## Organization Information

Organization Name:		
Organization Tax ID / EIN:		
Office Address:		
City:	State:	Zip:
Office Fax:		
Office Phone:		

## Administrator Information

Identify one administrator per agency. This user will have the ability to create additional administrator roles for the organization.

First Name:	Last Name:
Job Title:	Work Phone:
Email*:	
Preferred Username (do not use email address):	

\*A confirmation email including your official username and temporary password will be sent to this email address. You will be prompted to change your password the first time you log in to the portal.

Date Form Completed:
Name of Person Completing Form:
Phone Number (if different from Administrator above):

