Foster Care (FC) Provider/Owner
User Enrollment Form
Provider Types: 70-701, 70-837, 71-703, 71-704, 71-837

INSTRUCTIONS: * indicates required fields. Incomplete or illegible forms will not be processed. You may not be notified. Your email address must be unique. If you are not the FC owner, they must use the Enroll FC Res Mgr-Staff User form to request an eXPRS user account for you.

- Send your completed form to Info.eXPRS@odhsoha.oregon.gov or fax it to 503-947-5044.

* Action: ☐ **New User** ☐ **Modify Roles** ☐ **Deactivate User** ☐ **Change of Info**	
User's Name: *(Print: Last, First MI)* *	If you have one, please include your eXPRS login name:
Job Title: DD Foster Care Provider	SPD Provider # for **each** FC home you own: *
Mailing Address, including City, State, Zip: *	**Phone Number**: *
Email Address: *(must be unique; it cannot be shared with another eXPRS user)* *	

DD Foster Care Provider User Roles *(assign to foster care provider org)*:

Check the box for the role below for the level of access needed.

Add	Del	User Role/Description
☐	☐	**DD FC Provider Claims Manager** (**highest level/all actions role**) - *able to __Create/Submit/Void/Edit__ all DD Foster Care claims for provider; able to view information related to DD FC authorizations and claims for provider; able to view relevant client information for authorized clients; able to run/access related DD FC authorization, claims and payment reports for provider.*
☐	☐	**DD FC Provider Claims Preparer** (**mid-level/limited actions role**) - *able to __ONLY Create/Delete/Save__ draft DD Foster Care claims for provider; able to view information related to DD FC authorizations and claims for provider; able to view relevant client information for authorized clients; able to run/access related DD FC authorization, claims and payment reports for provider.*
☐	☐	**DD FC Provider Claims Coordinator** (**lowest level/view only role**) - *able to view information related to DD FC authorizations and claims for provider; able to view relevant client information for authorized clients.*

Signature

*Foster Care Provider: *(Print Name)*	**Phone Number:**
*Email Address:	
*Foster Care Provider Signature:	***Date:** / /

Maintain a copy of this form in your local file for audit purposes.

How to complete the eXPRS User Enrollment Form for DD Foster Care (FC) Providers

DD Foster Care providers will need a user account to do work in the eXPRS system.

To request a user account & access to eXPRS, FC Providers will need to complete and return the form on the reverse side of this document.

Instructions for completing the eXPRS FC Provider User Enrollment Form:

→ *Important:* Any item/section on the form that is marked with a red asterisk (*) indicates **required information**.

In the TOP box section of the form:
- Check the box for the enrollment action requested.
- Complete the remaining boxes with information requested for the user.

In the MIDDLE box section of the form:
- Check the **ADD** box for the role desired. Roles are listed in order of highest to lowest level of access.
- *What role to choose?*
  - It is likely the FC Provider themselves will want/need the **MANAGER** role to do all the work needed in eXPRS.
  - If the FC Provider has other employees assisting with their provider related administrative work, the FC Provider may wish to request a lower access role, such as the **PREPARER** or **COORDINATOR**, for those other employees.

In the BOTTOM box section of the form:
- Complete the information, and then sign/date the form.
- If requesting access additional persons employed by the FC provider, a separate form for each person, signed by the FC provider, will be needed.

How to return the form:
1. Scan signed form & return by e-mail to: Info.eXPRS@odhsoha.oregon.gov
   * Scan & return by email is the preferred method of return.

2. If scanning is not available, return by fax to: 503-947-5044

What happens once you send in your completed form?
- The user will receive a set of emails from Info.eXPRS@odhsoha.oregon.gov confirming the user enrollment is completed and user access to eXPRS has been granted. The first email is sent via regular email; the second email is sent via secure email. If you need assistance with a secure email, please contact the DHS Service Desk at 503-945-5623 and choose option 3.
- Please make sure that email spam or junk mail filters are set to allow emails from Info.eXPRS@odhsoha.oregon.gov
- Remember to keep a copy of the form for your own records.