



# Foster Care (FC) Resident Mgr/Staff eXPRS User Enrollment Form

Provider Types: 70-701, 71-703, 71-704

**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, use this form to request an eXPRS user account for your FC Provider employer.

**Maintain a copy for your records.**

- Send your completed form to [Info.eXPRS@odhsoha.oregon.gov](mailto:Info.eXPRS@odhsoha.oregon.gov) or fax it to 503-947-5044.

*Indicate Action: <input type="checkbox"/> New User <input type="checkbox"/> Modify User <input type="checkbox"/> Deactivate User <input type="checkbox"/> Change of Info	
*User's Name: (Last, First MI) (Print Name)	Already have an eXPRS login name?
Job Title: DD Foster Care (check one*) <input type="checkbox"/> Res Mgr or <input type="checkbox"/> Staff	*SPD Provider # for the FC home(s) you work for:
*Foster Home Address: (Mailing Address)	*City, State Zip:
*Phone Number:	*Email Address:

## DD Foster Care Provider User Roles (assign to FC provider org):

\*Check the box for the role below for the level of access needed

ADD	DEL	User Role/Description
<input type="checkbox"/>	<input type="checkbox"/>	<b>DD FC Provider Claims Manager (highest level/all actions role)</b> - able to <u>Create/Submit/Void/Edit</u> 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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DD FC Provider Claims Preparer (mid-level/limited actions role)</b> - able to <u>ONLY Create/Delete/Save</u> 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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>DD FC Provider Claims Coordinator (lowest level/view only role)</b> - able to view information related to DD FC authorizations and claims for provider; able to view relevant client information for authorized clients.

## Signatures:

*User's Signature:	*Date: / /
*Foster Care Provider/Owner Name: (please print)	
*Foster Care Provider/Owner Signature:	*Date: / /

# How to complete the eXPRS User Enrollment Form for DD Foster Care (FC) Resident Managers and/or Staff

DD Foster Care providers may wish to request access for their staff to do work in the eXPRS system.

To request a user account & access to eXPRS, FC Resident Managers or Staff will need to complete and return the form on the reverse side of this document. **ONE FORM PER PERSON.**

## Instructions for completing the eXPRS Foster Care Resident Manager/ Staff 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?**
  - At least one person will need to have the **MANAGER** role to do all the FC related work needed in eXPRS. This will likely be the FC Provider/Owner themselves.
  - If the FC Provider has other employees assisting with their provider related administrative work, they 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.
- **The FC Provider/Owner must also sign the form for any staff requesting user access.**
- A separate form is required for each person requesting eXPRS access.

### How to return the form:

1. Scan signed form & return by e-mail to: [Info.eXPRS@odhsoha.oregon.gov](mailto: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 DHS secure email from [Info.eXPRS@odhsoha.oregon.gov](mailto:Info.eXPRS@odhsoha.oregon.gov) confirming the user enrollment is completed and user access to eXPRS has been granted.
- Please make sure that email spam or junk mail filters are set to allow emails from [Info.eXPRS@odhsoha.oregon.gov](mailto:Info.eXPRS@odhsoha.oregon.gov)
- Remember to keep a copy of the form for your own records.