

WVBTT Online Access Application

Access to the WVBTT Online system is limited to enrolled professionals who meet the requirements as established by WV Birth to Three.
Interim Service Coordinator

User Information – PLEASE PRINT

New User Information

Change of Information - Please indicate the type of change:

Delete Access*

Modify Access

User First Name _____ **Last Name** _____

Email: Must be unique to each individual user and login account in West Virginia Birth to Three _____

Phone () _____ **EXT** _____

Please enter a User ID, Security Question and Answer and the last four digits of your Social Security Number. The User's ID or email address may not be duplicated. Please submit a second choice for a User ID in the event the first User ID listed is not available. The Security Question and Answer and last four digits Social Security Number is used for user identification/verification and will be required when contacting the CFO for user access. Neither the Security Answer nor Social Security Number will be used for initial password set-up.

User ID 1) _____ 2) _____

Security Question _____

Answer to Security Question _____

Social Security Number (4 digits) _____

** Deleting Online Access does not end the User's enrollment with CFO.*

User Access - Interim Service Coordinator

Please select a single Agency:

Catholic Charities West Virginia

The of ARC Mid Ohio Valley

River Valley Child Development Services - Charleston

River Valley Child Development Services - Huntington

MountainHeart Community Services - Elkins

MountainHeart Community Services - Lewisburg

MountainHeart Community Services - Princeton

RESA VIII Child Development Services

User Signature: _____ **Date** _____

Administrator Signature: _____ **Date** _____

The date the information is received and processed at the CFO office will determine the effective date of online access. An email will be sent to the user's email address with further directions on how to access the system. **Please keep a copy of the form for your records.**

Please complete this Application and mail the original to:

Central Finance Office
Attn: Provider Enrollment, CSC
P.O. Box 29134
Shawnee Mission, KS 66201-9160