

## **West Virginia Birth to Three Online Access Enrollment Form**

RAU

*(Please keep a copy for your records)*

### **User Information – PLEASE PRINT**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>New User Information</b> – Select One:                          | <input type="checkbox"/> <b>Currently Enrolled</b> | <input type="checkbox"/> <b>New Enrollment</b> |
| <input type="checkbox"/> <b>Change of Information</b> - Please indicate the type of change: | <input type="checkbox"/> <b>Delete Access*</b>     | <input type="checkbox"/> <b>Modify Access</b>  |

**User First and Last Name** \_\_\_\_\_

**Email:** Must be unique to each 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 ID's 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 RAU's enrollment with CFO.*

### **RAU Access**

Please select a single RAU:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> RAU 1 - Catholic Charities West Virginia                     | <input type="checkbox"/> RAU 2 - The of ARC Mid Ohio Valley                | <input type="checkbox"/> RAU 3 - River Valley Child Development Services - Charleston |
| <input type="checkbox"/> RAU 4 - River Valley Child Development Services - Huntington | <input type="checkbox"/> RAU 5 - MountainHeart Community Services - Elkins | <input type="checkbox"/> RAU 6 - MountainHeart Community Services - Lewisburg         |
| <input type="checkbox"/> RAU 7 - MountainHeart Community Services - Princeton         | <input type="checkbox"/> RAU 8 - RESA 8 - EPIC                             |   |

**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, fax or email to:

Central Finance Office  
Attn: WVBTT Practitioner Enrollment  
P.O. Box 29134  
Shawnee Mission, KS 66201-9134  
[wvbtttenroll@gainwelltechnologies.com](mailto:wvbtttenroll@gainwelltechnologies.com)  
913.888.6683