

## 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.

RAU

### User Information – PLEASE PRINT

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**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 RAU's enrollment with CFO.*

### RAU Access

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Please select a single RAU:

RAU 1 - Catholic Charities West Virginia

RAU 2 - The of ARC Mid Ohio Valley

RAU 3 - River Valley Child Development Services - Charleston

RAU 4 - River Valley Child Development Services - Huntington

RAU 5 - MountainHeart Community Services - Elkins

RAU 6 - MountainHeart Community Services - Lewisburg

RAU 7 - MountainHeart Community Services - Princeton

RAU 8 - 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