AUTHORIZATION FOR THE CRISIS INTERVENTION PROGRAM

COUNTY NAME_____   COUNTY NO._____

COUNTY SECURITY OFFICER _____

PHONE NUMBER OF OFFICER (   )_____

SIGNATURE_____   DATE:_____

PLEASE USE THE TABLE ON THE BACK OF THIS FORM TO INDICATE THE WORKERS WHO REQUIRE AUTHORIZATION TO THE CRISIS INTERVENTION PROGRAM. IF YOU REQUIRE ADDITIONAL SPACE, MAKE COPIES OF THE TABLE BEFORE YOU BEGIN. PRINT CLEARLY OR TYPE THE REQUIRED INFORMATION. BE SURE TO INCLUDE THE MIDDLE INITIAL OF THE WORKER AS THE USER ID WILL BE SOME PART OF THE WORKER'S NAME INSTEAD OF THEIR RACF ID.

FOR EACH WORKER LISTED, ENTER 'X' IN THE APPROPRIATE COLUMN TO INDICATE THE FUNCTION FOR WHICH THE WORKER MUST BE AUTHORIZED IN ORDER TO PERFORM HIS/HER DUTIES.

THE COUNTY SECURITY OFFICER MUST SIGN AND DATE THIS FORM.

MAIL THE COMPLETED INFORMATION TO:

**BRENDA DOWNING, TEAM LEADER
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF INFORMATION RESOURCE MANAGEMENT
CUSTOMER SUPPORT CENTER
2029 MAIL SERVICE CENTER
RALEIGH, NC 27699-2029**

PLEASE INDICATE **"CONFIDENTIAL"** ON THE ENVELOPE.

AUTHORIZATION FOR THE CRISIS INTERVENTION PROGRAM

COUNTY NAME _____   **COUNTY NUMBER** _____

State Office Use Only	First Name	Middle Initial	Last Name	Inquiry Only	Inquiry and Data Entry

Inquiry Only - allows users to view all information for their county

Inquiry and Data Entry - allows users to view, enter new information and edit exisitng information for their county