GAIN ABS Access & Management

This form authorizes staff to obtain a GAIN ABS Staff Account for your agency. All staff who use the GAIN ABS system must obtain an individual account. Provider agencies are responsible for managing access to GAIN ABS and for notifying Francesca McKean (fmckean@chestnut.org) at Chestnut Health Systems of any changes.

ax completed	form to France	esca McKean @	309-451-7762.			
					Date:	
gency Name:						
Address:						
Program Type:	A-CRA/ACC	○ FBR		() IPV FAIR		
	○ MST	MST-BSF	MST-PSB	○ SAFE-FR	OTHER:	
	If applicable, nar	ne or location of te	am:			
art II. User	^r Informati	on			CHS Us	se Only*
Staff Name:					ABS ID*:	<i>5</i> 6 6 111 <i>y</i>
Email:					Initials*:	
			Ext:			
Phone:						
Supervisor Name	e:		Supervisor E	Email:		
Has this	staff used the G	AIN at another agei	ncy? TYES	□NO		
		If yes, at what age	ncy?			
Part III. Us	er Role/Pe	rmissions				
	ontrols the level of e role from the lis		client information en	tered in the ABS sys	stem.	
	erk y, and read-only a r for reports.	nd print [Clinician Office clerk permis data entry and rep	•	Clinical Supervisor All other permissions pl client records	lus can delete
	-		for your program?	☐ YES dits for quality assurance	NO NO	
Part IV. Au	ıthorizatio	'n	Fax com	pleted form to	Francesca McKean	@ 309-451-7
Completed by:			Autho	orized By:		