



## System Access Termination Form

Today's Date: \_\_\_\_\_

CareManagement Agency Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

### User Demographics

New User Name: \_\_\_\_\_

Date Of Hire: \_\_\_\_\_

New User Job Position: \_\_\_\_\_

New User Email Address: \_\_\_\_\_

New User Date Of Birth: \_\_\_\_\_

New User Gender: \_\_\_\_\_

Reason For Termination: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

### System(s) to Terminate Access

Netsmart – CareManager ☐

Millin Pro Provider Portal Access ☐

HCS Secure File Transfer ☐

MAPP Gatekeeper ☐ HH Worker ☐ CMA Worker ☐