

Affiliate Access to Welligent

Rule:

Welligent access will be granted to eligible Affiliates including Targeted Case Managers, Community Service Providers (CSP) and their designated staff after the Welligent Affiliate Access to Application Agreement has been completed and approved by the Community Developmental Disabilities Organization (CDDO).

Process:

1. A Welligent Affiliate Access Application and Agreement may be requested from any CDDO staff member and is to be completed and submitted to sabrina.mitchell@jocogov.org . A separate application is required for each employee requesting access. The decision to grant access will be made by Sabrina Mitchell, CDDO Data Quality Governance.
2. If approved, the CDDO will send notification to the JCDS Data & Application Administrator requesting a new account be created for the staff. The JCDS Data & Application Administrator will determine the User Identification (ID) and Password to be assigned to the employee of the Affiliate agency. The JCDS Data & Application Administrator will send notification to the employee, which will include the User ID and Password. The unique Welligent User ID and Password are not to be shared with anyone.
3. When the staff is no longer employed or has given notice to terminate employment with the Affiliate, the employee's supervisor is responsible for immediately notifying the CDDO. The notification should contain the name of the employee and the date that access should no longer be allowed to Welligent. The CDDO will send this information to the JCDS Data & Application Administrator requesting that the employee be deleted from Welligent access.

Welligent Affiliate Access Application and Agreement

All information must be filled out completely. **Return to sabrina.mitchell@jocogov.org.**

Please check if access is requested for the Critical Incident Report application only.

_____	_____
Employee	Job Title
_____	_____
Email Address	Telephone Number
_____	_____
Supervisor	Job Title
_____	_____
Email Address	Telephone Number
_____	_____

Affiliate Agency Name

_____	_____	_____	_____
Address	City	State	Zip

I will maintain the security of all electronic records by not allowing any unauthorized individuals to have access to my User ID and Password that provide access to Welligent. In the event that my password is lost or compromised, I will notify my supervisor and the CDDO immediately.

Should the employee no longer be associated with the Affiliate Agency, the supervisor will immediately notify the CDDO to terminate the employee's Welligent access.

This agreement will remain in force until terminated by the CDDO or the Affiliate Agency. Violations of this agreement may result in corrective action as outlined in the Affiliation Agreement.

_____	_____
Employee Signature	Date
_____	_____
Supervisor Signature	Date