



Department of Behavioral Health and Developmental Disabilities

Office of Prevention Services and Programs

**MINIMUM DATA SET (MDS)
NEW USER REQUEST**

Please email to chwood@dbhdd.ga.gov or FAX to Chris Wood at (404) 232-1252

Name: _____ Job Title: _____

Full Name of Your Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email address (please type or print clearly):

Please check the region(s) that your organization serves:

- Region 1 Region 4 Statewide (statewide contractors only)
 Region 2 Region 5
 Region 3 Region 6

Name of the Director of your Org/Agency: _____

Director's Phone: _____ Fax: _____

Director's Email: _____

Reason requesting new user ID:

- Initial User ID request
 Replacement Program Person (replacing a previous user).

Who are you replacing (full name): _____

Does this person's access to the MDS need to be removed? Yes No

Other, explain _____

Questions?

Please call Chris Wood at (404) 657-2176

State Office Use Only

- Approved _____
 Rejected _____