



Department of Behavioral Health and Developmental Disabilities
Office of Prevention Services and Programs

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

Please email to marlaina.dreher@dbhdd.ga.gov or FAX to Marlaina Dreher at 770-344-5374

Name: _____ Job Title: _____

Full Name of Your Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email address (please type or print clearly):

Please check the region this user will serve (select only one):

- 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 Marlaina Dreher at (404) 232-1588

State Office Use Only	
<input type="checkbox"/>	Approved _____
<input type="checkbox"/>	Rejected _____