



## INDIVIDUALS AUTHORIZED TO SIGN APPLICATION ACCESS FORMS

New

Replace Signature(s) on File

Add to Signature(s) on File

Legal Entity # \_\_\_\_\_ Provider No. or Reporting Unit(s): \_\_\_\_\_

Check Provider Type:  DMH  NGA  FFS  DHS Other: \_\_\_\_\_

Provider/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code Number Extension

Director/CEO \_\_\_\_\_

Print or Type Name

Title: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

**The following individuals are authorized to sign Application Access Forms submitted by the above named agency:**

Name of Designee: \_\_\_\_\_

Print/Type

Signature of Designee: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Alternate: \_\_\_\_\_

Print/Type

Signature of Alternate: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date Submitted to SAU: \_\_\_\_\_