DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Birth to Three Early Intervention Program

birth to three
Early Intervention Program

DECRS Online Access Enrollment Form

Regional Programs

User Information – PLEASE PRINT

❑ **New User Information –** Select One: ❑ **Currently Enrolled** ❑ **New Enrollment**

❑ **Change of Information -** Please indicate the type of change: ❑ **Delete Access*** ❑ **Modify Access**

User First and Last Name _____

Email: Must be unique to each login account in Delaware Birth to Three _____

Phone ( )_____EXT _____

Please enter a User ID, Security Question and Answer and a four-digit PIN number. The User's ID or email address may not be duplicated. Please submit a second choice for a User ID in the event the first User ID listed is not available. The Security Question and Answer and last PIN number is used for user identification/verification and will be required when contacting Birth to Three - Administration for user access. Neither the Security Answer nor the PIN will be used for initial password set-up.

User ID 1)_____ 2)_____

Security Question (Please choose 1): ❑ **What is your mother's maiden name?**

❑ **What was the name of your first pet?**

❑ **What is the name of the street where you grew up?**

Answer to Security Question _____

PIN (4 digits) _____

** Deleting Online Access does not end the Region's enrollment with Birth to Three - Administration.*

Regional Access

Please select a single Region: (If requesting access to both regions, a separate form must be filled out a different username must be used.)

❑ Region 1 – New Castle ❑ Region 2 – Kent / Sussex

User Signature: _____ **Date** _____

Administrator Signature: _____ **Date** _____

The date the information is received and processed at the Birth to Three - Administration office will determine the effective date of online access. An email will be sent to the user's email address with further directions on how to access the system. **Please keep a copy of the form for your records.**

Please complete this Application and fax or email to:

Birth to Three Early Intervention Program – Administration
Attn: Part C Data Manager
410 Federal Street, Suite 7
Dover, DE 19901
Email: DHSS_DPH_BirthtoThree@Delaware.Gov
Phone: 302-739-2730; Fax 302-622-4141

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