*Please send completed form to* *HealthHome@sphp.com*

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| Staff Name: Click or tap here to enter text. |
| Status: [ ]  New Hire [ ]  Staff Resignation/Termination [ ]  Modification: Choose an item. |
| Care Management Agency Choose an item.:  |
| Date of Hire: Click or tap to enter a date. |

**New Hire/Modification Information**

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| ***Staff Information*** |
| Staff Title: | Click or tap here to enter text. |
| Staff Email: | Click or tap here to enter text. |
| Staff Phone: | Click or tap here to enter text. [ ]  Desk [ ]  Cell |
| Click or tap here to enter text. [ ]  Desk [ ]  Cell |
| Other Languages Spoken: | [ ]  No [ ]  Yes – please specify languages other than English belowClick or tap here to enter text. |
| ***For Modifications and Updates*** |
| Explain modification that is needed. | Click or tap here to enter text. |

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| ***Health Home Orientation and Training*** |
| Will staff be attending the next Health Home Orientation? | [ ]  Yes [ ]  No |
| *Orientation is held quarterly (January, April, July, October) the fourth Tuesday of month at 9am.**Staff will receive a meeting invite if the "Yes" box is checked above.* |
| Will staff be attending the next Health Home Core Curriculum Training? | [ ]  Yes [ ]  No |
| *Trainings begin the week following Health Home Orientation.* *Staff will receive meeting invites for all six modules is the “Yes” box is checked above.* |

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| ***CareManager*** |
| Needs CareManager Access? | [ ]  Yes [ ]  No |
| Staff Role in CareManager | Choose an item. |
| Staff Permission in CareManager | Choose an item. |

**Resignation / Termination Information**

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| ***Staff Information*** |
| Staff Name:  | Click or tap here to enter text. |
| Staff Email: | Click or tap here to enter text. |
| Date of Resignation/ Termination:*CareManager access will be turned off as of this date* | Click or tap to enter a date. |