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

|  |
| --- |
| 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**

|  |
| --- |
| ***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. |

|  |
| --- |
| ***Health Home Orientation*** |
| 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.* |

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

|  |
| --- |
| ***Hixny*** |
| Needs Provider Portal Access? | [ ]  Yes [ ]  No |

**Resignation / Termination Information**

|  |
| --- |
|  |
| Date of Resignation/ Termination:*Access to any platforms indicated below will be turned off as of this date* | Click or tap to enter a date. |
| Please indicate if staff member had access to the following platforms: |
| CareManager | [ ]  Yes [ ]  No |
| Hixny | [ ]  Yes [ ]  No |