*Please send completed form to* [*HealthHome@sphp.com*](mailto: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 below  Click 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 | |