

**PLEASE TYPE ALL REQUEST FORMS SUBMITTED TO THE HELPDESK**

Date of Request: \_\_\_\_\_

**INSYST  
ALCOHOL & DRUG  
AUTHORIZATION REQUEST FORM**

\_\_\_\_\_ Initial Auth./Trng.  
\_\_\_\_\_ Upgraded Auth./Trng.  
\_\_\_\_\_ Returning/Trng.  
\_\_\_\_\_ Remove Auth

Staff Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_

Program Name: 1. \_\_\_\_\_ RU's: 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 4. \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Supervisor/Manager

Please check the level of authorization requested for this staff:

Level 1 \_\_\_\_\_ Inquiry Only

Level 3 \_\_\_\_\_ Basic Entry of *Indirect and Direct Services*

Level 6 \_\_\_\_\_ Clerical Supervisor *includes Level 3, plus can authorization*  
*to edit Client, Episode and Service data, enter late services, delete client messages*

<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Replace
<b>Make account same as this user:</b>		
_____		
User Name		
Print reports on this <b>INSYST</b> printer.		
_____		

**NOTE: Contract Providers should request at least one person with Level 6 at each site**

Comments:

☐ New Web Portal Account

**Must be Completed by IS STAFF only**

<input type="checkbox"/> New CBO User: INSYST Training Session Scheduled on: _____ a	
<input type="checkbox"/> Alcohol & Drug Training Verified	<input type="checkbox"/> Training Session Completed on _____
<input type="checkbox"/> Account Created in INSYST: _____	by: _____
Date	IS System Support Services
<input type="checkbox"/> Web Portal Account Created _____	by: _____
Date	IS System Support Services

**SEND FORM TO:** **IS System Support Services**  
2000 Embarcadero Cove, 4th Floor  
Oakland, CA 94606  
Tel (510) 567-8181 Fax (510) 567-8161  
[ISHelpDesk@acbhcs.org](mailto:ISHelpDesk@acbhcs.org)