

# HEAplus Community Partner Application

Please complete this application and email it to [HEAAHCCCS@azahcccs.gov](mailto:HEAAHCCCS@azahcccs.gov) . Submitting this application does not guarantee an acceptance as a community partner organization; we reserve the right to refuse partnership.

1. Name of your organization: \_\_\_\_\_

2. URL for your organization's website (if any): \_\_\_\_\_

3. Briefly provide an explanation of how your organization plans to use the system:

\_\_\_\_\_

4. **Locations:** Please enter the name, address and phone number of each location you want to have included in your HEAplus account. *Note: Only specify the location(s) that will be directly utilizing the HEAplus Application.*

Name of Location	Address of Location	Phone Number

5. Type of Organization (Select one):

- AHCCCS Registered Medical Provider or Contractor (RBHA, health plan, FQHC, hospital, other clinic or medical provider)
- Tribal 638, IHS, Urban Indian Health Center or tribal social service office
- Non-Profit Community Organization (church, food bank, social services agency)
- State or Local Government
- Other organization

**6. HEAplus Community Partner Agreement Contact Person (AHCCCS will send the agreement to this person for signature):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**SITE ADMINISTRATOR**

**Your HEAplus Site Administrator is the person in your organization who will be responsible for:**

- Creating HEAplus accounts for your staff
- Resetting HEAplus passwords for your staff
- Deactivating HEAplus user accounts when staff members leave your employment or move to a new position that does not use HEAplus
- Keeping the information for your organization's locations (sites) current.

**7. Please provide the following information for the person who will be your organization's Site Administrator:**

Name: \_\_\_\_\_

Preferred User Name for HEAplus log in: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_