# Account setup & updates form

Version 1.0 - Last updated September 2024

Request details	
The following section must be completed by	y ALL service providers
Name of organization	Date
PERSON SUBMITTING REQUEST* (Must have First Name*	ve authority within your organization to request changes)  Last Name*
Are you adding a new service provide	er or updating an existing account?
☐ I need to add a <b>new service provid</b>	ler.
Complete ALL sections of this form	n. Fields marked with an asterisk (*) are mandatory.
☐ I need to <b>update my existing acco</b>	ount.
To save you time, complete only the	ne sections relevant to your needs. For example:
<ul> <li>To update your organization's a</li> </ul>	address, simply enter the new address in <b>Section A</b> .
<ul> <li>To update who has access to C complete <b>Section B</b>.</li> </ul>	CommunityCareNB on behalf of your organization,
<ul> <li>To update the services you offer</li> </ul>	er, complete <b>Section C</b> .

# **Section A: Organization information**

Please choose one:*							
$\square$ I'm a new service provider and need	☐ I'm a new service provider and need a CommunityCareNB account.						
☐ I need to update my organization's i	☐ I need to update my organization's information in my existing account.						
ORGANIZATION ADDRESS*							
Civic# / Street name*	City/Town/Village* Postal code*						
ORGANIZATION DETAILS							
Alternate name (e.g., previous, or commonly used name) Vendor Fusion number Parent organization							

#### Section A: Organization information (continued)

ADMINISTRATOR INFORMATION						
First name*	Last name*		Phone number*	Email*		
Preferred language for speaking	g?	Prefe	erred language for wri	ting?		
☐ English ☐ French	I English □ French		☐ English ☐ French			
COMMENTS						

## **Section B: CommunityCareNB users**

The CommunityCareNB system includes three user roles. Each organization must assign at least one person to handle finance and care coordination tasks. The roles are:

- Finance,
- · Care coordination, or
- Combined role (One person handles both finance and care coordination)

To add, update, or remove a CommunityCareNB user for your organization, complete the section below.

You can access additional fields at the end of this form if you need to add more than one user.

USER #1

Please choose one	Please choose one:*					
☐ I want to <b>add</b> a	new u	ser (e.g., ne	w employee	who	needs access)	
☐ I want to <b>remov</b>	<b>/e</b> a us	er (e.g., for	mer employ	ee)		
☐ I want to <b>updat</b>	<b>e</b> an e	xisting user	· (e.g., chang	ge to i	name, email, etc.)	
USER INFORMATION	I					
First name*		Last name*			Phone number*	Email*
Preferred language for s	peaking	g?		Prefe	erred language for wri	ting?
☐ English ☐ Fre	nch			l	nglish 🗖 Fren	
Required role in Commun	nityCare	eNB?		1		
☐ Finance ☐ Ca	re coo	rdination	☐ Combin	ed ro	le (Finance + Care	e coordination)
COMMENTS						

## **Section C: Services Offered**

Please complete the table below for EACH type of service you offer. You can access <u>additional fields</u> at the end of this form if you need to add more than two services.

#### SERVICE # 1

SERVICE INFORMATION*					
Service type* (e.g., Home Support, Meals on Wheels, FootCare, etc.) Status*					
☐ New service ☐ Upd				e 🔲 Upda	ate existing service
SERVICE AREA & LANGUAGE* Please list the areas in the province where you can provide the service and the language offered.					
Southeast Zone		Sou	thwest Zone		
☐ Moncton ☐ Sackville ☐ Shediac ☐ Richibucto	O English OFrench O English OFrench O English OFrench O English OFrench		Saint John Sussex St. Stephen	O English O English O English	OFrench OFrench OFrench
Central Zone		Nor	thern Zone		
☐ Fredericton ☐ Woodstock ☐ Perth-Andover ☐ Miramichi ☐ Neguac	O English OFrench		dmundston Grand Falls Bathurst Campbellton Gedgwick Caraquet	O English	OFrench OFrench OFrench OFrench OFrench
COMMENTS			Shippagan	O English	OFrench
			ameque racadie	O English O English	OFrench OFrench

SERVICE INFORMATION*						
Service type (e.g., Home	Service type (e.g., Home Support, Meals on Wheels, FootCare, etc.)*  Status*					
☐ New service ☐ Update existing service						
SERVICE AREA & L.						
Please list the areas in	the province where you can provide the	service and the language	offered.			
Southeast Zone		Southwest Zone				
☐ Moncton	O English OFrench	☐ Saint John	O English OFrench			
☐ Sackville	O English OFrench	☐ Sussex	O English OFrench			
☐ Shediac	O English OFrench	☐ St. Stephen	O English OFrench			
☐ Richibucto	O English OFrench	·				
Central Zone		Northern Zone				
☐ Fredericton	O English OFrench	☐ Edmundston	O English OFrench			
☐ Woodstock	O English OFrench	☐ Grand Falls	O English OFrench			
☐ Perth-Andover	O English OFrench	☐ Bathurst	O English OFrench			
☐ Miramichi	O English OFrench	☐ Campbellton	O English OFrench			
□ Neguac	O English OFrench	☐ Kedgwick	O English OFrench			
_	-	☐ Caraquet	O English OFrench			
COMMENTS		☐ Shippagan	O English OFrench			
		☐ Lameque	O English OFrench			
		☐ Tracadie	O English OFrench			

# (Optional) ADDITIONAL FIELDS - SECTION B: CommunityCareNB Users

This section offers additional fields to add more **users** as needed.

### USER # 2

Please choose one:*			
☐ I want to <b>add</b> a new u	ser (e.g., new employee	e who needs access)	
☐ I want to <b>remove</b> a us	er (e.g., former employ	ee)	
☐ I want to <b>update</b> an e	xisting user (e.g., chang	ge to name, email, etc.)	
USER INFORMATION			
First name*	Last name*	Phone number*	Email*
Preferred language for speaking	<b>ξ?</b>	Preferred language for wr	_
☐ English ☐ French		☐ English ☐ Fren	ch
Required role in CommunityCare  Finance Care coo	_	ned role (Finance + Care	a coordination)
	Tamation <b>L</b> combin	lea rote (i manee - oare	, coordination,
COMMENTS			
USER # 3			
Please choose one:*			
☐ I want to <b>add</b> a new u	ser (e.g., new employee	e who needs access)	
☐ I want to <b>remove</b> a us	er (e.g., former emplov	ee)	
_			
☐ I want to <b>update</b> an e	xisting user (e.g., chang	ge to name, email, etc.)	
USER INFORMATION			
First name*	Last name*	Phone number*	Email*
Preferred language for speaking	<b>3</b> ?	Preferred language for wr	
☐ English ☐ French		☐ English ☐ Fren	ch
Required role in CommunityCare			P. C. N
☐ Finance ☐ Care coo	rdination $\square$ Combin	ned role (Finance + Care	e coordination)
COMMENTS			

# USER # 4

Please choose one:*					
☐ I want to <b>add</b> a new us	ser (e.g., new employee	e who needs access)			
☐ I want to <b>remove</b> a us	er (e.g., former employ	ee)			
☐ I want to <b>update</b> an ea	xisting user (e.g., chang	ge to name, email, etc.)			
USER INFORMATION					
First name*	Last name*	Phone number*	Email*		
Preferred language for speaking	<sub>v</sub> ?	Preferred language for wr	iting?		
☐ English ☐ French	<b>3</b>	English  Fren			
Required role in CommunityCare	NB?		<u></u>		
☐ Finance ☐ Care coo	rdination 🔲 Combin	ned role (Finance + Care	e coordination)		
COMMENTS					
USER # 5					
Please choose one:*					
☐ I want to <b>add</b> a new us	ser (e.g., new employee	e who needs access)			
☐ I want to <b>remove</b> a us					
I want to remove a us	er (e.g., former employ	ee <i>)</i>			
☐ I want to <b>update</b> an ea	xisting user (e.g., chang	ge to name, email, etc.)			
USER INFORMATION					
First name*	Last name*	Phone number*	Email*		
Preferred language for speaking?  Preferred language for writing?					
☐ English ☐ French ☐ English ☐ French Required role in CommunityCareNB?					
Finance Care coo		ned role (Finance + Care	e coordination)		
COMMENTS					

# (Optional) ADDITIONAL FIELDS - SECTION C: Services Offered

This section offers additional fields to add more **services** as needed.

## SERVICE # 3

SERVICE INFORMATION*					
Service type (e.g., Home Support, Meals on Wheels, FootCare, etc.			Status*  New servic	a 🗖 Hada	ate existing service
☐ New service ☐ Opdate e				ate existing service	
SERVICE AREA & L. Please list the areas in	ANGUAGE* the province where you can provide the	service	e and the language	offered.	
Southeast Zone		Sou	thwest Zone		
☐ Moncton ☐ Sackville ☐ Shediac ☐ Richibucto	O English OFrench O English OFrench O English OFrench O English OFrench		Saint John Sussex St. Stephen	O English O English O English	OFrench OFrench OFrench
Central Zone		Nor	thern Zone		
☐ Fredericton ☐ Woodstock ☐ Perth-Andover ☐ Miramichi ☐ Neguac	O English OFrench		Edmundston Grand Falls Bathurst Campbellton Cedgwick Caraquet	O English O English O English O English O English O English	OFrench OFrench OFrench OFrench OFrench
COMMENTS			Shippagan	O English	OFrench
		□□	ameque racadie	O English O English	OFrench OFrench

SERVICE INFORMA	TION*					
Service type (e.g., Hom	Service type (e.g., Home Support, Meals on Wheels, FootCare, etc.) * Status*					
☐ New service ☐ Update existing service						
	SERVICE AREA & LANGUAGE*  Please list the areas in the province where you can provide the service and the language offered.					
Southeast Zone		Southwest Zone				
☐ Moncton ☐ Sackville ☐ Shediac ☐ Richibucto	O English OFrench O English OFrench O English OFrench O English OFrench	□ Saint John       ○ English       ○ French         □ Sussex       ○ English       ○ French         □ St. Stephen       ○ English       ○ French				
Central Zone		Northern Zone				
☐ Fredericton ☐ Woodstock ☐ Perth-Andover ☐ Miramichi ☐ Neguac	O English OFrench	☐ Edmundston ☐ English ☐ French ☐ Grand Falls ☐ English ☐ French ☐ Bathurst ☐ Campbellton ☐ Kedgwick ☐ Caraquet ☐ English ☐ OFrench ☐ Caraquet ☐ English ☐ OFrench ☐ Caraquet ☐ English ☐ OFrench ☐ Caraquet ☐ C				
COMMENTS		☐ Shippagan ☐ English ☐ Shrench				
		☐ Lameque ☐ English ☐ French☐ Tracadie ☐ English ☐ French				

# SERVICE # 5

SERVICE INFORMATION*					
Service type (e.g., Home Support, Meals on Wheels, FootCare, etc.)			Status*	a 🗖 Umala	
			☐ New servic	e 🗀 upaa	ate existing service
SERVICE AREA & L Please list the areas in	ANGUAGE* the province where you can provide the	service	e and the language	offered.	
Southeast Zone		Sou	thwest Zone		
☐ Moncton☐ Sackville☐ Shediac☐ Richibucto	O English OFrench O English OFrench O English OFrench O English OFrench		Saint John Sussex St. Stephen	O English O English O English	OFrench OFrench OFrench
Central Zone		Nor	thern Zone		
☐ Fredericton ☐ Woodstock ☐ Perth-Andover ☐ Miramichi ☐ Neguac	O English OFrench		dmundston Grand Falls Bathurst Campbellton Gedgwick Caraquet	O English O English O English O English O English O English	OFrench OFrench OFrench OFrench OFrench
COMMENTS			Shippagan ameque racadie	O English O English O English	OFrench OFrench OFrench

SERVICE INFORMATION*					
Service type (e.g., Home	e Support, Meals on Wheels, FootCare, e	etc.)*			
☐ New service ☐ Update existing service				ate existing service	
SERVICE AREA & LANGUAGE* Please list the areas in the province where you can provide the service and the language offered.					
Southeast Zone		Sou	thwest Zone		
☐ Moncton	O English OFrench	□s	Saint John	O English	OFrench
☐ Sackville	O English OFrench	$\square$ S	Sussex	O English	OFrench
☐ Shediac	O English OFrench	$\square$ S	St. Stephen	O English	OFrench
☐ Richibucto	O English OFrench				
Central Zone		Nor	thern Zone		
☐ Fredericton	O English OFrench		dmundston	O English	OFrench
☐ Woodstock	O English OFrench	$\Box$ G	Grand Falls	O English	OFrench
☐ Perth-Andover	O English OFrench		Bathurst	O English	OFrench
☐ Miramichi	O English OFrench		Campbellton	O English	OFrench
☐ Neguac	O English OFrench	Пκ	Kedgwick	O English	OFrench
00141451170		, 🗆 c	Caraquet	O English	OFrench
COMMENTS		□s	Shippagan	O English	OFrench
			ameque	O English	OFrench
		▮□⊤	racadie	O English	OFrench

# SERVICE # 7

SERVICE INFORMATION*									
Service type (e.g., Home	e Support, Meals on Wheels, FootCare, e	etc.)*	Status*						
			☐ New service ☐ Update existing service						
SERVICE AREA & LANGUAGE*									
Please list the areas in the province where you can provide the service and the language offered.									
Southeast Zone		Sou	uthwest Zone						
☐ Moncton	O English OFrench	□s	aint John	O English	OFrench				
☐ Sackville	O English OFrench	□s	ussex	O English	OFrench				
☐ Shediac	O English OFrench	□s	t. Stephen	O English	OFrench				
☐ Richibucto	O English OFrench		·	J					
Central Zone	Northern Zone								
☐ Fredericton	O English OFrench	ΠE	dmundston	O English	OFrench				
☐ Woodstock	O English OFrench C O English OFrench		rand Falls	O English	OFrench				
☐ Perth-Andover			athurst	O English	OFrench				
☐ Miramichi			ampbellton	O English	OFrench				
■ Neguac	O English OFrench	□к	edgwick	O English	OFrench				
		<b>.</b> □ c	araquet	O English	OFrench				
COMMENTS		□s	hippagan	O English	OFrench				
			ameque	O English	OFrench				
		ПΤ	racadie	O English	OFrench				

SERVICE INFORMATION*								
Service type (e.g., Home Support, Meals on Wheels, FootCare, et			Status*					
			☐ New service ☐ Update existing service					
SERVICE AREA & LANGUAGE* Please list the areas in the province where you can provide the service and the language offered.								
Southeast Zone	Southwest Zone							
☐ Moncton	O English OFrench	□s	aint John	O English	OFrench			
☐ Sackville	O English OFrench	□s	Sussex	O English	OFrench			
☐ Shediac	O English OFrench	☐ St. Stephen		O English	OFrench			
☐ Richibucto	O English OFrench							
Central Zone	Northern Zone							
☐ Fredericton			dmundston	O English	OFrench			
☐ Woodstock			Fand Falls	O English	OFrench			
☐ Perth-Andover	O English OFrench		athurst	O English	OFrench			
☐ Miramichi	O English OFrench		ampbellton	O English	OFrench			
☐ Neguac	O English OFrench	□к	Cedgwick	O English	OFrench			
00141451170		₁□c	araquet	O English	OFrench			
COMMENTS		l □ s	Shippagan	O English	OFrench			
			ameque	O English	OFrench			
		□T	racadie	O English	OFrench			