

MILWAUKEE COUNTY

APPLICATION FOR SYNTHESIS LOGIN I.D.

To request a Login in I.D. for Synthesis, complete the following application. PLEASE PRINT LEGIBLY!

Agency Name: _____ Staff Name _____

Phone No. _____ Ext. _____ Email: _____

Fax (if no email listed above): _____

Type of User: (Check one or more that apply)

Care Coord / Worker Worker Lead Supervisor Clerical
Programs: (Check one or more that apply)

Wraparound Milwaukee MUTT
REACH Children's Court
FISS

Crisis Stabilizer Worker Supervisor (submit credentials)
Vendor Billing Staff View Authorizations Submit Invoices View Reports Only
Trip Logs/Invoices Resource Guide Update Bed Availability
Progress Report Entry Residential Group Home Day Treatment
Independent Living Foster Care CCC Crisis Plan
Emp Plcmt/Prep Housing Assistance Outpatient
Mentoring Parent Assistance Tutoring
Authorization Level Data Entry OR Data entry and approval

(Authorization Level is required for Progress Report entry requests)

Other (describe) _____

The above named agency requests that a Synthesis Login I.D. be issued to the above named staff at their agency.

The agency requesting a Synthesis Login I.D. for the above named individual agrees to notify the Synthesis Help Desk when this individual's I.D. is to be inactivated because the individual's job responsibilities no longer require access to Synthesis or the individual is no longer employed by the agency.

SYNTHESIS USER I.D. AGREEMENT

I agree to keep my Synthesis Login I.D. and password confidential and not to share it with any other individuals within or outside my agency. I understand that information provided through Synthesis is confidential and agree to protect this information, using it only as needed to perform my job duties.

I agree to report to Synthesis Help Desk staff (257-7547) any unusual activity or inappropriate access to information that occurs while using Synthesis.

NOTE: You are required to use Internet Explorer for Synthesis. If you log in with a different browser (Firefox, Chrome, etc.), you will have READ-ONLY access to data.

Staff Signature _____ Date Signed: _____

Authorized by (signature) _____ Print Name: _____

Email completed requests to yangyee.thao@milwaukeecountywi.gov or FAX to Synthesis Help Desk Staff at: (414) 257-7575

OFFICE USE ONLY
Reviewed/Created by: _____ Date: _____