



DECRS Online Access Enrollment Form
State Administrator

User Information – PLEASE PRINT

- ☐ **New User Information**
☐ **Change of Information** - Please indicate the type of change: ☐ **Delete Access** ☐ **Modify Access***

User First and Last Name _____

Phone () _____ **EXT** _____ **Email** _____

Please enter a User ID, Security Question and Answer and a four-digit PIN number. The User's ID or email address may not be duplicated. Please submit a second choice for a User ID in the event the first User ID listed is not available. The Security Question and Answer and last PIN number is used for user identification/verification and will be required when contacting Birth to Three - Administration for user access. Neither the Security Answer nor the PIN will be used for initial password set-up.

User ID 1) _____ 2) _____

- Security Question (Please choose 1):** ☐ **What is your mother's maiden name?**
☐ **What was the name of your first pet?**
☐ **What is the name of the street where you grew up?**

Answer to Security Question _____

PIN (last 4 digits) _____

User Access

User Signature: _____ **Date** _____

Administrator: _____ **Date** _____

The date the information is received and processed at the Birth to Three - Administration office will determine the effective date of online access. An email will be sent to the user's email address with further directions on how to access the system. **Please keep a copy of the form for your records.**

Please complete this Application and fax or email to:

Birth to Three Early Intervention Program – Administration
Attn: Part C Data Manager
410 Federal Street, Suite 7
Dover, DE 19901
[Email: DHSS_DPH_BirthtoThree@Delaware.Gov](mailto:DHSS_DPH_BirthtoThree@Delaware.Gov)
[Phone: 302-739-2730](tel:302-739-2730); [Fax 302-622-4141](tel:302-622-4141)