

[www.BCW-BIBS.com](http://www.BCW-BIBS.com)

**District Employee/Provider Information – PLEASE PRINT**

Please complete all fields on this form and send to your associated District.

District Tax ID Number (if applicable) \_\_\_\_\_

**District Employee/Provider Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ EXT \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 Word and an answer for the Security Question. The User ID's 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 Word and Security Question is used for user identification / verification and will be required when contacting the CFO for user access. Neither the Security Word nor Security Question will be used for initial password set-up.

User ID 1) \_\_\_\_\_ 2) \_\_\_\_\_ Security Word \_\_\_\_\_

(Please note: User ID's cannot be used more than once; each District enrollment for an individual requires a unique User ID)

Security Question: What's your favorite artist? Answer \_\_\_\_\_

\*Deleting BCW-BIBS.com online access does not end the Provider's enrollment with the CFO.

\*\* If this form is used to Modify Access – the access marked on this form will be the only access available to the user.

\*\*\*All email addresses must be unique per bcw-bibs.com user.

**User Security Access Types**

Please **select only one** of the following access types. Refer to the following pages for the access type description and permissions. Please review the list carefully for the accessibility needed.

☐ District – Coordinator

☐ Intake Coordinator

☐ Service Coordinator

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**District Information – PLEASE PRINT**

Select the District in which you provide services and **indicate only one District per form**. If services are provided for multiple Districts, an enrollment packet is required for each District.

- |  |   |
|--|---|
| <input type="checkbox"/> 1-1 Rome (Northwest Health District)            | <input type="checkbox"/> 5-1 Dublin (South Central Health District) |
| <input type="checkbox"/> 1-2 Dalton (North Georgia Health District)      | <input type="checkbox"/> 5-2 Macon (North Central Health District)  |
| <input type="checkbox"/> 2 Gainesville (North Health District)           | <input type="checkbox"/> 6 Augusta (East Central Health District)   |
| <input type="checkbox"/> 3-1 Cobb/Douglas (Cobb/Douglas Health District) | <input type="checkbox"/> 7 Columbus (West Central Health District)  |
| <input type="checkbox"/> 3-2 Fulton (Fulton Health District)             | <input type="checkbox"/> 8-1 Valdosta (South Health District)       |
| <input type="checkbox"/> 3-3 Clayton (Clayton County Health District)    | <input type="checkbox"/> 8-2 Albany (Southwest Health District)     |
| <input type="checkbox"/> 3-4 East Metro (East Metro Health District)     | <input type="checkbox"/> 9-1 Coastal (Coastal Health District)      |
| <input type="checkbox"/> 3-5 DeKalb (DeKalb Health District)             | <input type="checkbox"/> 9-2 Waycross (Southeast Health District)   |
| <input type="checkbox"/> 4 LaGrange (LaGrange Health District)           | <input type="checkbox"/> 10 Athens (Northeast Health District)      |

**District Contact for Questions:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ EXT \_\_\_\_\_ Email \_\_\_\_\_

This form must be signed and dated by the District Employee/Provider (User Signature), and the District EIC (District EIC Signature).

**User Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**District EIC Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

The date the information is received and processed at the CFO 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 BCW-BIBS.com.

Please complete this Enrollment Form and submit to your District

Central Finance Office  
Phone: 855-708-6612

## **District Coordinator User Access Type Descriptions**

### **District Coordinator**

Selecting District Coordinator gives dual online access permissions as an Intake and Service Coordinator.

#### **Intake Coordinator**

This person performs activities based around Intake and Eligibility Determination and is enrolled with the CFO. The user works with a District. The following attributes describe this type of access:

1. The user may not view and print authorizations and authorization information outside of the Intake and IFSP process.
2. The user may not view and modify certain elements of the Agency information with the CFO.
3. The user may not agree to certain BCW Agreements online
4. The user may not select email notifications to receive online.
5. The user will be able to read certain communications from BCW online.
6. The user will not be able to view payment/remittance information online.
7. The user may not submit Progress Notes online.
8. The user may enter and view referral, intake, Eligibility for applicable child records.

#### **Service Coordinator**

This person performs activities based around initial and ongoing IFSP development and is enrolled with the CFO. The user works with a District. The following attributes describe this type of access:

1. The user may submit claims online.
2. The user may view/ print authorizations and authorization information.
3. The user may not view or modify certain elements of the Billing Entity / Agency information with the CFO.
4. The user may agree to certain BCW agreements online.
5. The user may select email notifications to receive online.
6. The user will be able to read certain communications from BCW online.
7. The user may submit Case Notes online.
8. The user may enter and view IFSP information online.