



BABIES CAN'T WAIT

BCW-BIBS.com District Online Access Enrollment Form

(Please keep a copy for your records)

District Employee/Provider Information – PLEASE PRINT

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

Provider 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 – EIC or Designee (Case Administrator)



District – Provider

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 individual form will required in order to assign a User ID 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 User Access Type Descriptions

District – EIC or Designee (Case Administrator)

This person is the District supervisor and is responsible for the Service Coordination caseload for the District location. This user is not an enrolled provider. The following attributes describe this type of access:

1. The user has access to the CCM Menu with the EIC user account. The provider menu is not available.
2. The user has access to all child records, active and inactive, assigned to their district location.
3. The user may update child data.
4. The user has monitoring capabilities available via the Home page lists.
5. The user has additional menu options for the Location Administration.
6. The user may submit Progress Notes online.
7. The user may submit Case Notes online.

District Provider

This person is enrolled with the CFO and usually works as a District Provider. The following attributes describe this type of access:

1. The user may view and submit claims online.
2. The user may view and print applicable authorizations and authorization information.
3. The user may view and modify certain elements of their information with the CFO online.
4. The user may select email notifications to receive online.
5. The user will be able to read applicable communications from BCW online.
6. The user will be able to view payment/remittance information online.
7. The user may view IFSP information online.