REQUEST FOR WITS ACCESS FOR PROVIDERS
INDIANA ACCESS TO RECOVERY (ATR)

State Form 54881 (R2 / 3-13)

All services and billing information for Access to Recovery (ATR) clients is captured in the Web Infrastructure for Treatment Services (WITS) System. Each person at an ATR-certified organization who will be using WITS needs a unique user name and password to enter data into the system. Please provide the full name (first and last name), e-mail address and telephone number for each staff person at your agency who will be using WITS. This form should also be used to change remove an individual's access to WITS.

This form should be signed by your agency's senior manager for ATR efforts at your agency.

Please contact your ATR county contact person if you have questions about how to complete this form.

When complete, the form should be e-mailed to Rachael Pierce at rachael.pierce@fssa.in.gov.

Name of organization
Name of organization's senior manager for ATR

Type of request *(check one)* ☐ Add access ☐ Change access ☐ Remove access		
Name of person needing access to WITS *(first and last)*		
Work telephone number with extension ( )	Other telephone number *(if available)* ( )	E-mail address
Facilities where working		Date of ATR training *(month, day, year)*
WITS permissions *(check all that apply)* ☐ Rendering staff ☐ Read only ☐ Data entry ☐ Release to billing		

Signature of manager	Date *(month, day, year)*