



# Agency Registration

Division of Alcohol and Substance Abuse

Agency Name (or County if county staff)

Fax #

<b>Step 1</b>	<b>For All Users</b>		
	a) Name [Last, First, Middle Initial]		g) Agency #'s or County
	b) Phone number	c) E-mail address	
	d) User status <input type="checkbox"/> New User <input type="checkbox"/> Remove User <input type="checkbox"/> Add/Change User Type <input type="checkbox"/> Add Agencies for User	e) Select user type(s) <input type="checkbox"/> TARGET- Data Entry <input type="checkbox"/> ATR (Access to Recovery) <input type="checkbox"/> TARGET – Reports <input type="checkbox"/> Treatment Analyzer <input type="checkbox"/> TARGET – ADATSA	
	f) User Signature		

<b>Step 2</b>	<b>For All Users</b>	h) Date
	This form must be signed by the treatment Agency Director or, for county staff, by the County Drug and Alcohol Coordinator	i) Print Name
		j) Authorizing Signature

<b>Step 3</b>	<i>For ATR Users Only: Fax to County Alcohol and Drug Coordinator</i>	l) Date
	k) ATR user type <input type="checkbox"/> RSS <input type="checkbox"/> RSS-Data Entry Only <input type="checkbox"/> ATR Interview Only – Data Entry (GPRA) <input type="checkbox"/> ATR County Rate Manager/Provider List Manager	m) Print Name
		n) Signature of County Coordinator

<b>Step 4</b>	<b>For All Users</b>
	Please Mail to: DASA TARGET2000 Helpdesk, PO Box 45330, Olympia, WA 98504 or Fax to <b>(360) 586-0702</b> .

## Agency Registration

The Target Agency Registration Form is used to manage access and user rights on the Target system. Each person that wishes to use Target must complete this form and have it signed by either their agency director or, for county staff, by the County Alcohol and Drug Coordinator.

This form is also used to request that a user's access to Target be revoked if the user changes positions or leaves the employment of the agency or county.

With the exception of Step 3, which is conditionally required, please fill out all portions of this form.

### Step 1

#### d) User Status Definitions:

**New User:** Select this option for new users to Target

**Remove User:** Remove access for selected user

**Change User Type:** Add or change user rights

**Add Agencies for User:** Add access to more agencies for selected user

#### e) User Type Definitions:

**TARGET Data Entry:** Able to input data and run reports

**TARGET Reports:** Reports only, no data entry

**TARGET ADATSA:** Able to enter ADATSA assessments or admissions

**Treatment Analyzer:** Report generating program. Users must also register at [www.dasa-ta.com](http://www.dasa-ta.com)

**ATR: (Access To Recovery)** Able to perform the various ATR functions. If you select this then Step 3 must be completed as well.

#### g) Agency #s or County

**Agency Number:** If the user works at a treatment agency, enter the six-digit "Greenbook" number for the agency or agencies for which access is to be given

**County:** If the user works for the county, enter the name of the appropriate county

### Step 2

#### i,j) Authorizing Signature

Printed name and signature of the treatment agency director or, for county staff, by the County Drug and Alcohol Coordinator.

### Step 3

This section must be completed if the user is requesting access to ATR functionality within Target. All other users may skip this section.

#### k) ATR User Type

**RSS:** Authorizes services, creates vouchers, documents eligibility, add and edit recovery plan, interviews (GPRA's), ATR reports

**RSS – Data Entry Only:** Creates vouchers, documents eligibility, add and edit recovery plan, interviews (GPRA's)

**ATR Interview Only – DATA Entry (GPRA):** access to interview screens (GPRA) for data entry

**ATR County Rate Manager/Provider List Manager:** Add and change the County Rate Table and the Provider list

#### m,n) Signature of County Coordinator

The printed name and signature of the Drug and Alcohol Coordinator in your county or another person specifically authorized to approve ATR access must be obtained.

### Step 4

Once this form is received by DASA it will be processed. Any return correspondence will be sent to the fax number provided in the initial section of the form.

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**Target site:** <http://transact.wa.gov>

**Treatment Analyzer site:** [www.dasa-ta.com](http://www.dasa-ta.com)

**Target Forms:** [www.dshs.wa.gov/msa/forms/eforms.html](http://www.dshs.wa.gov/msa/forms/eforms.html)

**Target Documentation:** [www.dshs.wa.gov/dasa/services/target/T2KSysDoc.shtml](http://www.dshs.wa.gov/dasa/services/target/T2KSysDoc.shtml)

**Digital Signature Trust site:** [www.digsigtrust.com/state/wa](http://www.digsigtrust.com/state/wa)

**DST HelpDesk:** 888-248-4447 (for questions concerning your digital certificate)

Please contact the **Target Help Desk** at **888-461-8898** if you have any questions.

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