



NEW MEXICO AGING AND LONG-TERM SERVICES DEPARTMENT
ALTSD WellSky Portal User Request

Request Date:

New User Information		
User Request	Agency	Provider
First Name	Middle Initial (not required)	Last Name
Work Phone	Email Address	
Previous User Information (if applicable)		
Name	Portal ID	Email Address
A&D Access		
☐ A&D	☐ A&D I&R	☐ Other
Other Applications		
☐ ServiceScan Desktop	☐ Import/Export Utility	☐ Other
☐ ServiceScan Mobile	☐ OAAPS	
☐ Assessment Designer	☐ Mobile Assessments (ABQ Only)	
☐ Assessment Analyzer	☐ Microsoft Access	
Notes		
Please enter any additional comments or questions below.		