



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		
<input type="checkbox"/> A&D	<input type="checkbox"/> A&D I&R	<input type="checkbox"/> Other
Other Applications		
<input type="checkbox"/> ServiceScan Desktop	<input type="checkbox"/> Import/Export Utility	<input type="checkbox"/> Other
<input type="checkbox"/> ServiceScan Mobile	<input type="checkbox"/> OAAPS	
<input type="checkbox"/> Assessment Designer	<input type="checkbox"/> Mobile Assessments (ABQ Only)	
<input type="checkbox"/> Assessment Analyzer	<input type="checkbox"/> Microsoft Access	
Notes		
Please enter any additional comments or questions below.		