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.		