ARIES New User Registration Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency: |  | | | | | | Date: |  | |
| Last name: |  | | | | First Name: | |  | | |
| Job Title: |  | | | | | | Primary Role:  Agency Management  Agency ARIES Administrator  Case Manager  Data Entry  Medical\Clinical Staff  Non-User  Receptionist  Ancillary Service Staff | | |
| Phone #: |  | | Ext. |  | | |
| Fax #: |  | | | | | |
| Email: |  | | | | | |
| Employment Status: | | Full-Time  Part-Time  Volunteer | | | | |
| Start Date: |  | | | | | | New Position: | | Yes  No |
| If position is not new, which employee is being replaced? | | | | | |  | | | |
| Replaced Employee’s Separation\Termination Date: | | | | | |  | | | |

I authorize The Resource Group to grant ARIES access to the above employee.

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| --- | --- | --- |
|  |  |  |
| *Executive Director or Equivalent Name* |  |  |
|  |  |  |
| *Executive Director or Equivalent Signature* |  | *Date of Signature* |

Fax signed document to (713) 526-2369

Or scan and email signed document to:

Cynthia Aguries ***AND*** Patrick L. Martin

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