



## California Patient Representative Information System User Action Request Form

**Date:**

Use this form to add a user, change existing account information, or deactivate user access to the California Information System (CAPRIS). Please allow 1-2 business days for changes to be made.

**SUBMIT COMPLETED FORM TO: [OPR@aging.ca.gov](mailto:OPR@aging.ca.gov)**

**Select one from the following:**

**New User Account** *(complete Section A only)*

**Deactivate User Account** *(complete Section B only)*

**Change(s) to Existing Account** *(complete Section C only)*

SECTION A: New Users*	
Name (First and Last):	Title:
Email Address:	Phone Number:
Facility Name: <span style="float: right; color: blue; font-size: small;"><i>For multiple facilities, click check box and list on page 2.</i></span>	
City:	County:
Facility Administrator Name(s):	Email Address:
<i>*Facilities are limited to <b>three (3) CAPRIS</b> users per facility. If your request for access exceeds the maximum number of users for your facility, your request for access may be denied.</i>	

SECTION B: Deactivate User Account	
Name (First and Last):	Facility Name(s):

SECTION C: Change(s) to Existing Account		
Name (First and Last):		
<b>Type of Change:</b>	Name	Facility
Email Address		
Other (specify) _____		

**Describe Change to Account:**

**Additional facilities** *(include facility name, city, and county):*