

Procedure: This form is used to collect all required information that the Region needs to complete the DAAS on-line ARMS User Request form.



1. User must complete this CAAA Form and send back to AAA via email. **(Only AAA has the authority to make ARMS Request to DAAS).**
2. All ARMS request should be emailed to one of the following CAAA Staff; the **ARMS Coordinator, or Aging Director.**
3. CAAA will review form for completion and will submit the request to DAAS.
4. CAAA will notify user and provide login instructions via email once request has been completed.
5. Provider Agency shall notify the AAA when users no longer need access to ARMS.

**CAAA ARMS USER
REQUEST FORM**

Note: Complete this form to *add, change/update or remove* a user from Aging Resource Management System (ARMS). This form should be emailed to CAAA staff or ARMS Coordinator. Once request has been completed you will be notified via email.

Add New User Change/Update Remove User

If New User box is checked. Does User have an existing WIRM Acct? Enter account information below or type **NEW USER**

WIRM Account:	
Full Name: (please include middle initial)	
Title:	
Agency:	
Email Address:	
Phone Number:	
Office Address:	
Region:	F
County:	
Provider Number:	
ARMS User Role – check only one of the following:	<input type="checkbox"/> Region Administrator/User <input type="checkbox"/> Provider Administrator/User <input type="checkbox"/> County Report User <input type="checkbox"/> Report User

Approved by Regional AAA Director or ARMS Coordinator

Revised: October 2, 2020

Form can be located on our website in the service-portal section (see link below)

<http://centralina.org/centralinaaging/service-portal/>