

Michigan OASIS System Agency Application

****Please type or print****

1. Agency Name:		2. Date:	
3. Address:			
4. City:		5. State:	
		6. ZIP:	
7. Mailing Address (if different from above):			
8. City:		9. State:	
		10. ZIP:	
11. E-Mail Address (required)		12. Agency Administrator:	
13. Agency Phone Number:		14. Agency Fax Number:	
15. Technical Contact:		16. Phone/Extension:	
17. OASIS Contact:		18. Phone/Extension:	
19. Medicaid Number (if applicable):			
20. OASIS Software System (if HAVEN is to be used, indicate here):			
COMPUTER CONFIGURATION READINESS CHECKLIST			
21. Windows Version 7 or 8 (32bit or 64 bit):		22. Internet Explorer 9 or 10 recommended:	
23. Workstation processor speed at least Pentium 2.0 GHz or equiv.:		24. GB of RAM (at least 4 GB):	
25. GB Free Disk Space (at least 10 GB):			
26. Arrangements for vendor (or HAVEN) assistance during test Submission:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Working and tested high speed internet at your agency:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>As a representative of our agency, I intend to conduct data validation tests to the State of Michigan OASIS system. I request a user account and password to conduct validation tests and ongoing data file submissions. I understand that the State and Federal governments will distribute official documents via the Internet. I understand that everything done under our user access code and password is recorded as being done by our agency and that we are responsible for these actions. We will hold all information obtained in connection with access to these computer systems in the strictest confidence.</p>			
Agency Administrator Signature			Date:
OFFICIAL USE ONLY			
Assigned Agency ID		Password	

OASIS Agency Application 2.0

BHCS-HFD-150 (Rev. 10/14)
Authority: P.A. 368 of 1978, as amended

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