

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 (XP or higher)	22. Internet Explorer (8.0 recommended)	
23. Working and tested high speed internet at your agency	24. Workstation processor speed (at least Pentium 1.4 GHz or equiv.)	
25. GB of RAM (at least 1 GB)	26. CD ROM/DVD ROM	
27. MB Free Disk Space (at least 1 GB)	28. Arrangements for vendor (or HAVEN) assistance during test submission	
29. Internet Access at your Agency	Yes	No
<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

BHS-LC-150 (Rev. 05/12)
Authority: P.A. 368 of 1978, as amended

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