

Coordinated Assistance Network Fax Cover Sheet

Please include this cover sheet when faxing conclusion notice. Please fax the completed form with your documents to one of the following numbers: • (888) 857-0148 • (866) 810-4526 • (866) 275-6617 • Utilizing this sheet allows CAN to expedite the processing of your documentation. If desired, you can place your agency's coversheet in front of this one. *Do not fax any information that identifies a client.*

Agency Name _____

Agency CAN ID (if known) _____

Contact Name _____

Contact Phone Number _____

Contact E-mail _____

Please indicate the type of document attached

Caseworker Confidentiality Agreement

Participation Packet

Agency Information Form

Other Agency Reactivation Request

Indicate the CAN disaster deployment(s) for which this document is associated

Hurricanes Katrina / Rita

OK Flood

CA Fires

MN/WI Flood

MN Bridge Collapse

FL Tornadoes

TX Flood

08 Winter Storms

New Deployment Request

Notes/comments

Please visit www.can.org for more information, to register for training, or to complete your online registration.
Questions? Contact support@can.org.

**Coordinated Assistance Network
Agency Reactivation Notice**

Should an agency who has a signed Participation Agreement on file and have submitted a Disaster Conclusion Notice for a previous CAN Deployment participate in a subsequent deployment and need CAN access restored, this form should be submitted, along with the CAN Agency Information Form, available at <http://www.can.org/files/katrina-rita/AgencyPointofContact.pdf>, to 866-275-6617. Case Manager Confidentiality Agreements should be submitted for individuals who will be accessing the CAN database. If the user has previously registered for CAN access, their account will be reactivated and the login will remain the same. If the user has not previously registered for a CAN account, they will need to complete the online registration to obtain a username and password.

<u>Agency Information</u>			
Disaster Deployment Name(s) _____			
Type of access (circle one)	Case Management	Resource only	
Date form submitted: _____	Effective Date of Reactivation _____		
Name of Agency _____	Agency CAN ID _____		
Point of Contact Name _____	Phone _____		
POC E-mail Address _____	Agency State _____		
Is the Participation Agreement (check one):	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National
If National or Regional, which agencies should be reactivated?			
	<input type="checkbox"/> All	<input type="checkbox"/> Local (submit a list of the specific sites)	
Is your agency participating in CAN because of funder requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<u>Case Managers to be reactivated</u>	
Please provide a list of previously-registered case managers to be reactivated. If necessary, please attach additional names of case managers to be deactivated. Case manager accounts will be reactivated within three business days of CAN receiving their Case Manager Confidentiality Agreement.	
Case Manager First and Last Name	Case Manager CAN Username

<u>New Case Managers to be Activate</u>	
Please provide a list of newly-registered case managers to be activated. If necessary, please attach additional names of case managers to be deactivated. Case manager accounts will be reactivated within three business days of CAN receiving their Case Manager Confidentiality Agreement.	
Case Manager First and Last Name	Case Manager CAN Username

Is an Agency Information Form designating a CAN POC for each agency location attached? Yes No

Is a Case Manager Confidentiality Agreement for each user location attached? Yes No

Print Name of Person Submitting Form

X _____
Signature

POC Agency Manager
Role(s) at Agency