

232 HUD Healthcare Portal Access Form

Sample

Attachment I

SECTION 1a: Access Status

Create New
Change Existing
Delete

SECTION 1b: Access Type

Lender Account Manager Lender Account Representative
Backup Account Manager Operator Account Representative

SECTION 2: User Information

Last Name:

First Name:

E-mail Address:

Telephone Number:

Time Zone: Choose an item.

Office Address:

Street City State Zip Code

Status: Lender Operator Other (Please explain)

SECTION 3a: FHA Approved Servicer

FHA Approved Servicer's Name:
Lender ID:

SECTION 3b: FHA Approved Servicer's Authorized Representative

Last Name:

First Name:

E-mail Address:

Telephone Number:

SECTION 4: Acceptable Use and Password Policy Acceptance

Office of Residential Care Facilities Healthcare Portal Rules of Behavior have been reviewed and accepted.

SECTION 5: Authorized Signatures

User Signature:

Print

Signature

Date

Authorizer Signature:

Print

Signature

Date

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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For official use only:

Requester's Username:	
Access completed by:	Date:
Notes:	

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Directions for Completing the HUD Healthcare Access Form:

Section 1a: Access Status

Select the functions (Create, Change, or Delete) that reflect the status of which the User is requesting. NOTE: The delete function will eliminate all access to the HHcP.

Section 1b: Access Type

Select the type of access of which the user requests (LAM – Lender Account Manager – an individual who has access to the entire Lender portfolio and who may grant others access accordingly; BAM – Backup Account Manager – an individual who has access to the entire Lender portfolio as a backup to the LAM, and who may grant others access accordingly; LAR – Lender Account Representative – an individual who has access to the servicing lender’s entire portfolio, enter financial information into the portal and submit and upload the financial information; OAR – Operator Account Representative - Have access to specific facilities, submit financial information in the portal for review by servicing lender.)

Section 2: User Information

The following are required fields. PLEASE complete them all.

Last Name	Please PRINT the user’s Last name.
First Name	Please PRINT the user’s First Name.
E-mail Address	Please include your Brown box number.
Telephone Number	Please PRINT your telephone number, including the area code.
Time Zone	Please select your time zone.
Office Address	Please provide your office address, to include the street, city, state and zip code.
Status	Please select your current status, if it’s “Other”, please provide a brief explanation of your status.

Section 3a: FHA Approved Servicer

The following are required fields. PLEASE complete them all.

FHA Approved Servicer Name	Please PRINT the name of the Servicer you are representing.
Lender	Please PRINT the Lender ID of the Servicer you are representing.

Section 3b: FHA Approved Servicer’s Authorized Representative

The following are required fields. PLEASE complete them all.

Last Name	Please PRINT the user’s Last name.
First Name	Please PRINT the user’s First Name.
E-mail Address	Please include your Brown box number.
Telephone	Please PRINT your telephone number, including the area code.

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Number	
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Section 4: Acceptable Use and Password Policy Acceptance

All approved individuals who use the HHcP are obligated to be familiar with those policies regulating their access and use. This is especially true for those handling sensitive and/or confidential information. Indicate in the provided spaces that you have reviewed and agree to the listed policies noted on Attachment 2.

Section 5: Authorized Signatures

All individuals requesting access to this account as a LAM or BAM must print, sign and date the form and obtain the signature of the Authorized Lender Representative, prior to receiving access to the HHcP.

Questions?

If you have questions about filling out this form, direct them to HHcP@hud.gov.