



Health  
SOLUTIONS

# eQSuite® System Access Form

**All information must be complete for processing.**  
It is important to notify us immediately if these contacts change

Check here if this is a request for a change in previously submitted contact information

<b>12-DIGIT IL PROVIDER ID (Tax ID + 3 digit site code)</b>													
<b>Agency/Provider Name:</b>													
<b>Mailing Address:</b>													
<b>City, State &amp; Zip:</b>													
<b>Provider Type:</b>	<input type="checkbox"/> SASS Agency						<input type="checkbox"/> Residential Treatment Facility						

**Send completed form to:**  
eQHealth Solutions  
Attn: System Access for FSP  
Fax: (630) 317- 5101

**Complete this form to get access to eQSuite® as a User Administrator strictly for the agency/provider listed above.**  
As a User Administrator, you will be able to submit information for Family Support Program requirements online, as well as create user accounts for responsible designees at your location. You may elect to also have a backup User Administrator II.

Contact Type	Contact Name (First and Last)	Email Address	Telephone Number
User Administrator I			
User Administrator II			

**Form must be signed below by a Director/Manager of the SASS Agency or Residential Treatment Facility**

**Director/Manager Name:**

\_\_\_\_\_  
(print name above line)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_