Date Form Updated:

Document User Request Form | Crisis Care

Purpose: Facility to identify appropriate user(s) to receive referrals and to view documentation from Crisis Care encounters.

Organization Information

Organization Name:

Physical Address:

City: *State:*   *Zip:*

Law Enforcement Agency(s) Facility Supports:

User Access Information

User One

First Name: *Last Name:*

Work Email: *Work Phone:*

User Two

First Name: *Last Name:*

Work Email: *Work Phone:*

User Three

First Name: *Last Name:*

Work Email: *Work Phone:*

Account Activation: Users will receive an email from eSYNC. Contents of the email will contain username, temporary password, and a link to the documentation software. For optimal results use scheduling link in Google Chrome.