

Maxis Inquiry Access Request Form

Staff Name: _____
(Last, First, MI)

Agency Name: _____

Agency Address: _____

Email Address: _____

Phone: _____

Supervisor Name: _____

Supervisor Phone: _____

TrainLink ID# _____

Current Maxis ID#: _____
(if one exists)

- ☐ This staff has completed the required training courses for Maxis Inquiry Access on TrainLink.
- ☐ DHS Handling Information Completion Form is attached.
- ☐ I understand that notification must be given to Workforce Solutions MIS when staff leaves the agency.

Managers/Supervisors: Please refer to the Maxis Inquiry and MEC2 training registration procedures, as well as the Ramsey County Vendor Agency Maxis Inquiry and MEC2 access to HIPA requirements policy memo in the policies section of the provider web page.

Manager/Supervisor Signature

Date

Email or fax back to:

MIS Help Desk

Fax: 651-779-5090

WS-MIS-Helpdesk@co.ramsey.mn.us