

**YOLO COUNTY  
AVATAR**



**AVATAR CHANGE REQUEST FORM**

*This form is used to request Avatar reports and any changes to the Avatar System. Changes in security need to be approved by HHS Quality Management Manager.*

*Please complete all required fields in the form below.*

<b>Change Request ID (to be completed by IS ANALYST):</b>	
<b>*Date of Request:</b>	
<b>*Requestor's Name:</b>	
<b>*Type of Request</b>	<input type="checkbox"/> System Change Request <input type="checkbox"/> Avatar Report Request
<b>AVATAR Report Request (All fields below must be completed)</b>	
<b>Requested Change:</b>	<input type="checkbox"/> Report Modification <input type="checkbox"/> New Report Request Report to be modified:
<b>The purpose of the report:</b> Please state what you will be using the report for:	
<b>Frequency of Use:</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Once
<b>User Access:</b> Who will require access to this report? Please click all that apply.	<input type="checkbox"/> Billing / Fiscal <input type="checkbox"/> Clinical/Programs <input type="checkbox"/> QM <input type="checkbox"/> Medical Staff <input type="checkbox"/> Support Staff <input type="checkbox"/> Supervisor/Management
<b>Please describe required data elements(eg Patient Name, Service code, etc) and what parameters you require (eg Selection by Date or Program etc)</b>	<input type="checkbox"/> Detail <input type="checkbox"/> Summary <input type="checkbox"/> Both
<b>SYSTEM Change Request (All fields below must be completed)</b>	
<b>Requested Change:</b>	

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<p><b>The business need for the change:</b> If additional space is needed, please put in the comment section below. If possible, attach a screenshot of any error messages.</p>	
<p><b>Other Comments:</b></p>	
<p><b>To be completed by the System Administrator</b></p>	
<p><b>Proposed Solution (Avatar System Administrator):</b></p>	
<p><b>User Roles Assigned:</b></p>	
<p><b>For Office Use Only (Approval required for System Changes Only):</b></p> <p><input type="checkbox"/> Approved by QM Manager    Name and Signature: _____</p> <p style="text-align: right;">Date: _____</p>	

**\*Required Fields**