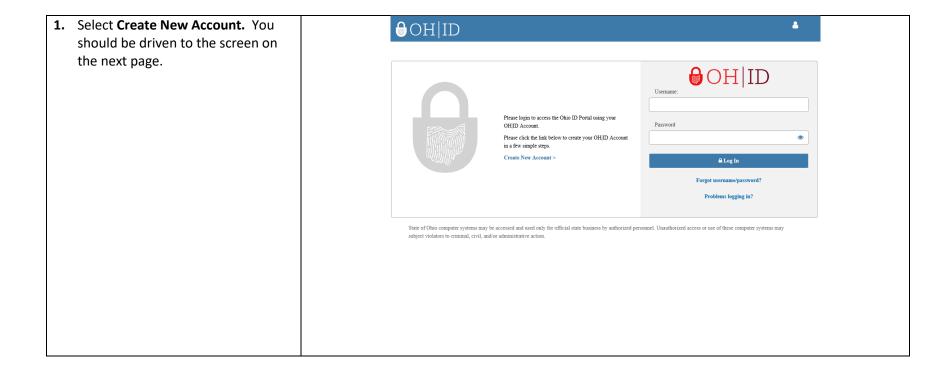
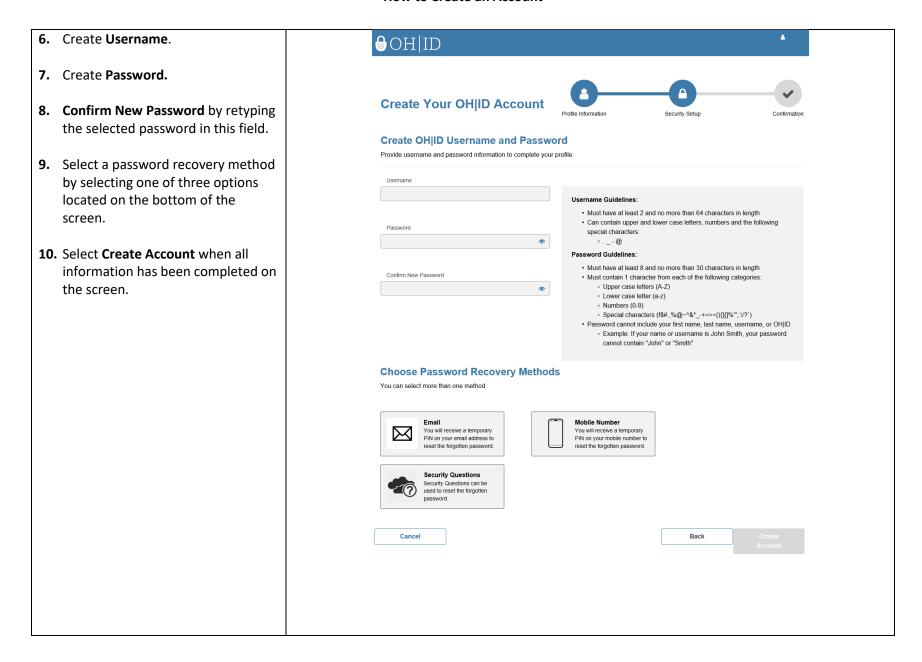


The Department of Developmental Disabilities (DODD) supports our provider application database on their server. Using the steps below you may begin creating your provider application for the Ohio Department of Aging using the following link here: OH | ID.

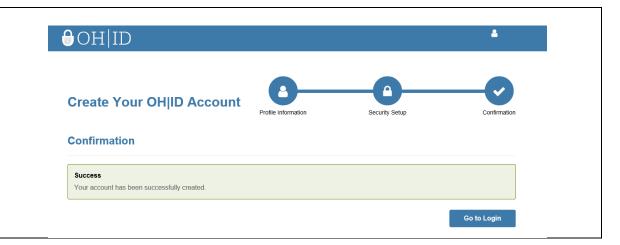
Please note: For best experience of creating an account it is recommended to use a personal computer (PC).



2. Create your profile information by ⊕OH|ID entering the following required fields denoted by an asterisk (\*). Create Your OH|ID Account Security Setup **3.** Please read the information provided regarding the authorized **OHID Profile Information** Enter the information below to begin creating your OH|ID profile use of this account and the rights of the of The Ohio Department of Administrative Services. If you Email Confirmation agree, proceed to the next step. Work Phone Number \* Mohile Numbe **4.** Confirm by selecting the checkbox next to I agree. Date of Birth \* mm/dd/yyyy 5. Select Next to proceed. Verification Question: () \* What is forty six thousand and fifty eight as a number? Terms and Conditions In order to proceed with this request, you must agree to the following terms and conditions By clicking "I Agree" and creating an OHIID Citizen, Business, or Workforce profile you consent to use electronic signatures with the State of Ohio and receive communications in electronic form. If you use this site, you are responsible for maintaining the confidentiality of your OHIID account(s) and password(s) and for restricting access to your computer, and you agree to accept responsibility for all activities that occur under your OH(ID account(s) or password(s). The Ohio Department of Administrative Services reserves the right to refuse service, terminate accounts, remove or edit content, or cancel transactions ☐ I Agree



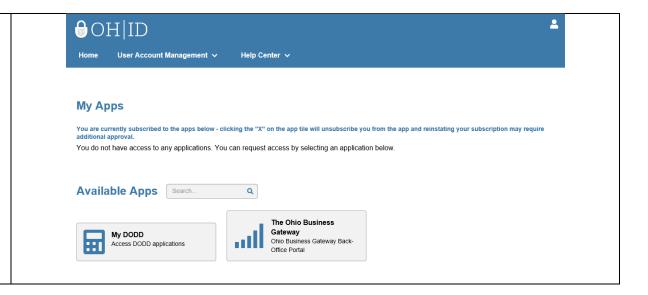
**11.** The Confirmation screen will be displayed when you have successfully created your account.

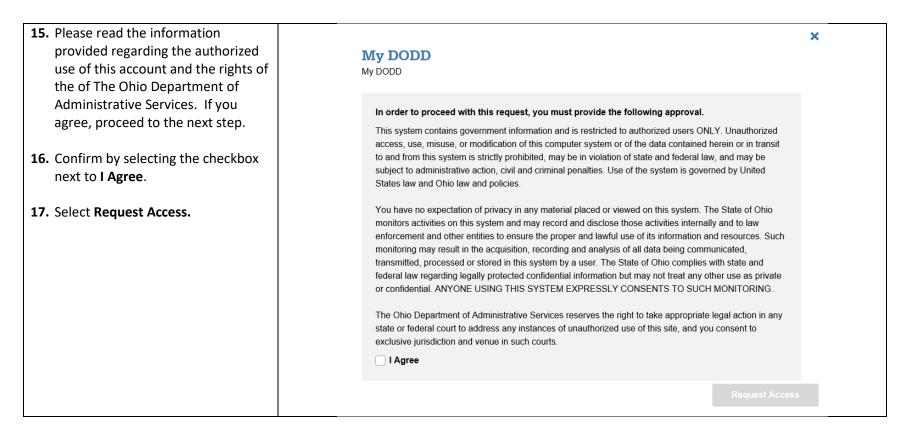


- **12.** You should receive an email confirmation the OH|ID account was created.
- **13.** Log into OH ID using the username and password you created.

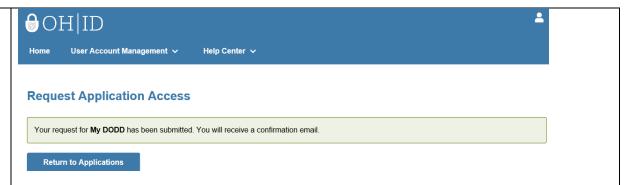


**14.** Once logged in OH ID, select My **DODD**. You should be driven to the screen on the next page.

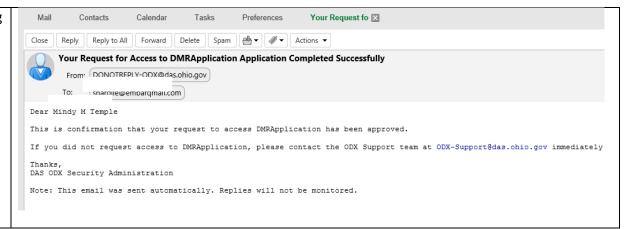




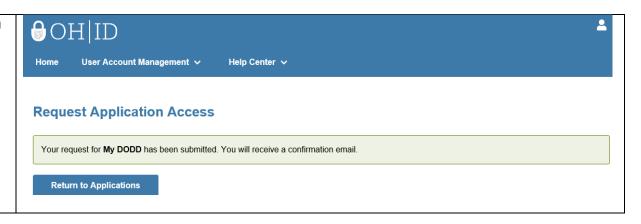
**18.** This screen will be displayed after you agree to the terms identified in the above box.



**19.** You will receive an email confirming your request to access the DMRApplication has been approved.



**20.** Select **Return to Applications**. You should be driven to the screen on the next page.



21. Select My DODD. You should be driven to the screen on the next page.

Wy Apps

You are currently subscribed to the apps below - clicking the "X" on the app tile will unsubscribe you from the app and reinstating your subscription may require additional approval.

My DODD

Access DODD

Applications

Q

Available Apps Search...

Office Portal

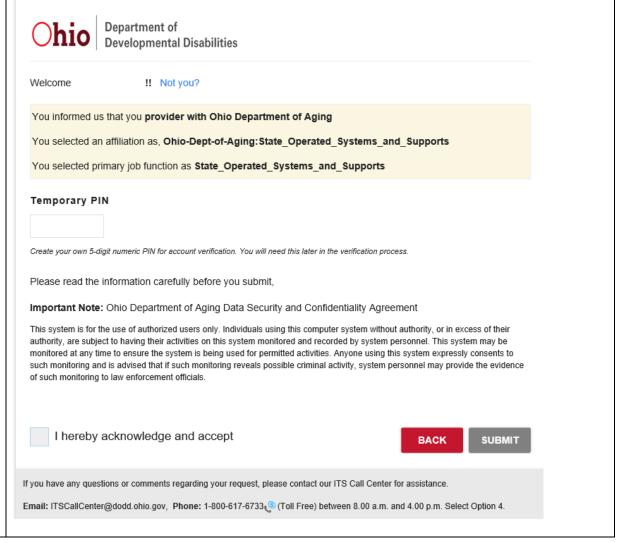
The Ohio Business Gateway

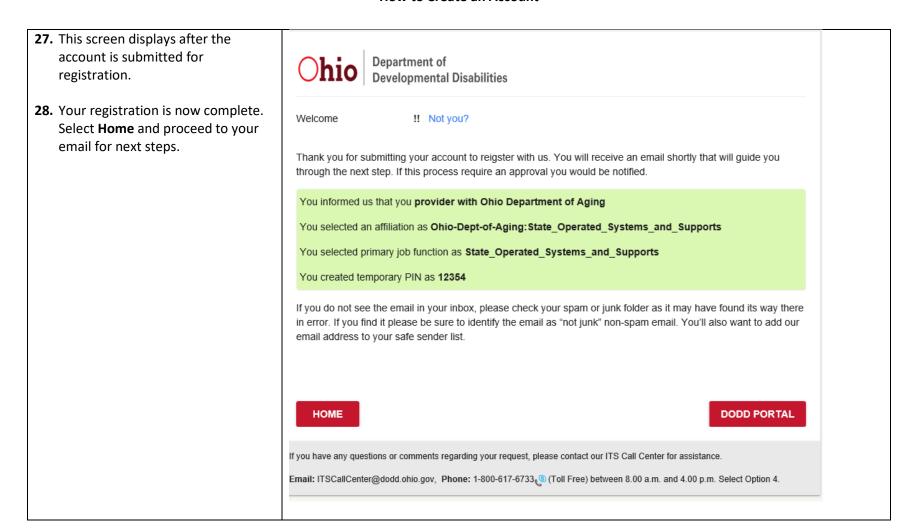
Ohio Business Gateway Back-

<ul> <li>22. Select I want to be a certified provider with Ohio Department of Aging (ODA).</li> <li>23. Select Next. You should be driven to the screen on the next page.</li> </ul>	Department of Developmental Disabilities  Welcome !! Not you?  Please choose your account type:  I want to be a Provider  I want to be a Certified Billing Agent  I want to be a County Board Worker  I want to be a subrecipient of early intervention grant dollars and need access to EIGS  I want to be certified provider with Ohio Department of Aging (ODA)  I am associated with Opportunities for Ohioans with Disabilities (OOD)  I work for the Ohio Department of Developmental Disabilities  I work for an Ohio Council of Governments (COG)  I work for the Ohio Department of Health  I need access to the Early Intervention Data System (EIDS)

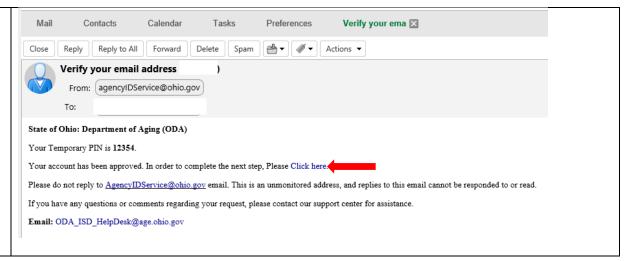
- 24. You will need to select and enter a temporary PIN number in the space provided. Please be sure to write the number down as you will be asked to enter it again, later in the process.25. Select the box I hereby acknowledge and accept.
- **26.** Select **Submit**. You should be driven to the screen on the next

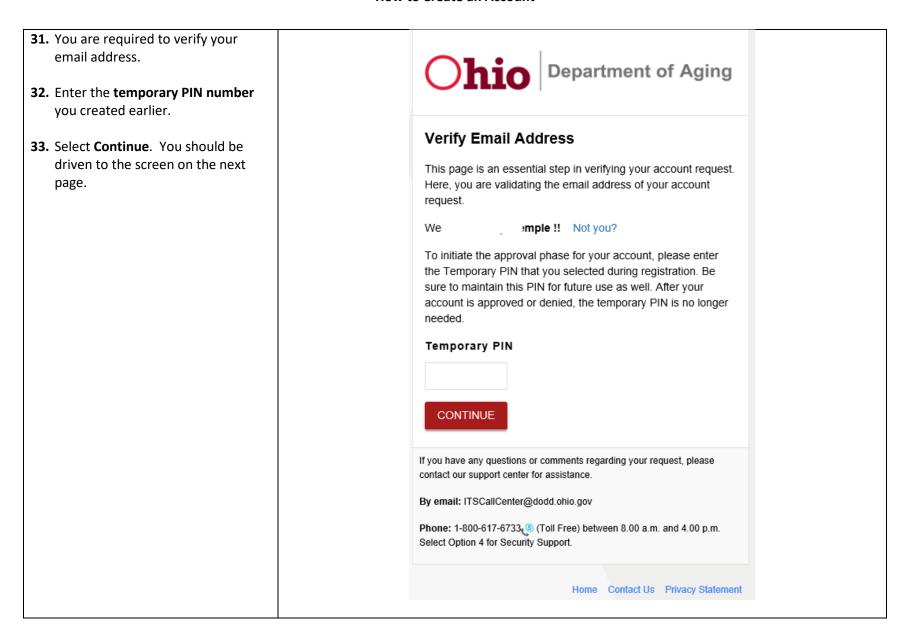
page.

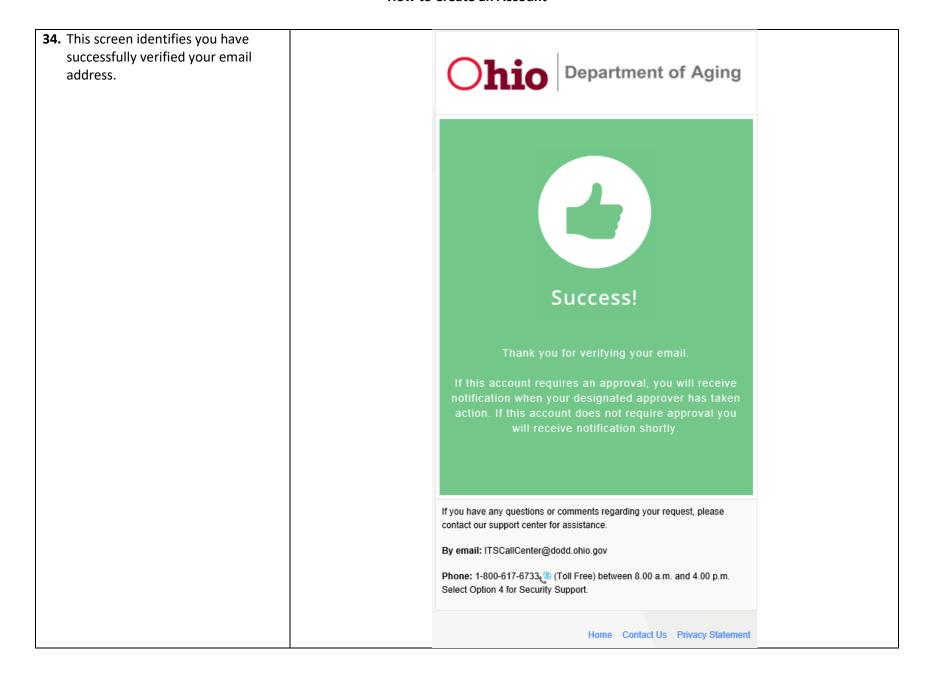




- **29.** An email will be sent to your email address and contain the temporary PIN you created.
- **30.** To proceed, you must select **Click Here** to continue. You should be driven to the screen on the next page.







**35.** You will receive a final email confirming the User Name you created.

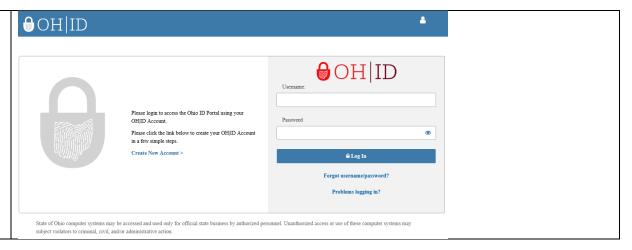
# **IMPORTANT:**

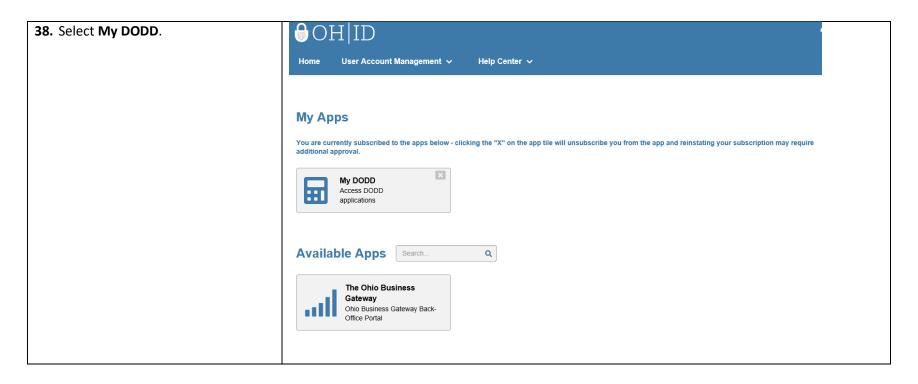
We recommend waiting a minimum of 2 hours before attempting to log into your account for it to be completely set up. If you log in to soon, you could lock the account and be unable to access it.

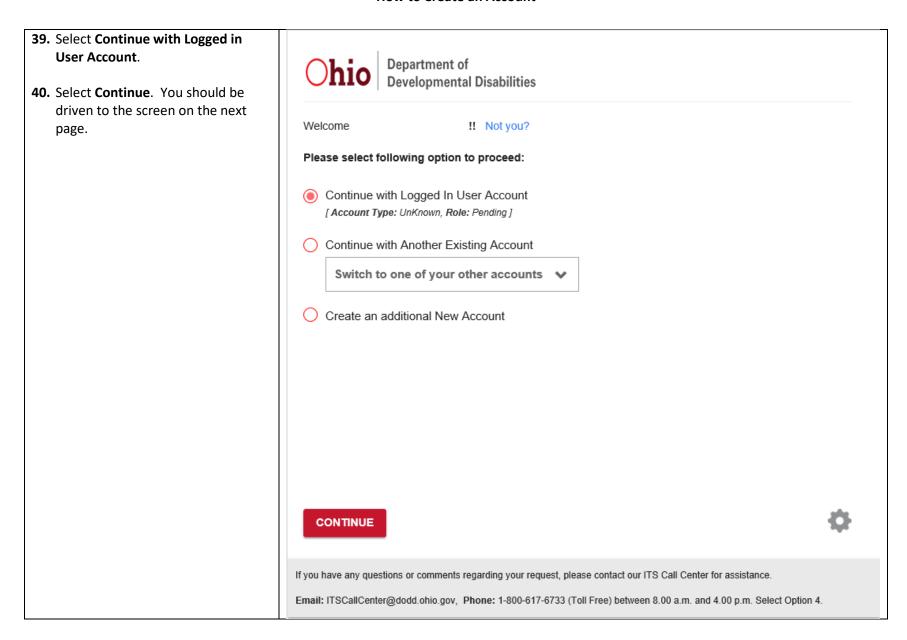


To begin your application, return to this screen (follow this link: OH | ID )

- **36.** Enter your **Username** and **Password**.
- **37.** Select **Log In**. You should be driven to the screen on the next page.







41. Congratulations! You have **Home** Go to UDS Logout Application ID: successfully logged in to your Disclosure (Page 1 of 2) account! FINISH You may begin completing your Save and Continue application. Fee Schedule ODM Fee Information \$586.00 Credit Card Transaction Fee(As Applicable) \$14.65 Provider Type Please select one Independent: I am applying for Individual Provider Certification (i.e. a person who is the employee of the consumer, that a consumer directly supervises) O Choices Home Care Attendant Consumer-Directed Personal Care Provider I am applying to be a Long-Term Care Agency Provider (i.e. legally-organized entity that Agency: employs staff) O Long Term care Agency Provider AssistedLiving: I am applying to be an Assisted Living Waiver Service Provider (i.e. licensed residential care facility) O Assisted Living Provider Non-Agency: I am applying to be a Long-Term Care Non-Agency Provider (i.e., legally-organized entity that is owned and controlled by one person, that does not employ a staff) O Long Term care Non-Agency Provider O Home Care Attendant Non-Agency Provider O Waiver Nursing Non-Agency Provider Application Type Please select one I am applying for initial certification. I am applying for renewal certification. I am applying to update my Demographic Information.