COMPREHENSIVE HEALTH SERVICES, INC.
CAS Setup Form
FEDERAL INTERGENCY WILDLAND FIREFIGHTERS
CHS Client Number 340

ALL information is required for CAS setup. Please email to casSupport@chsmedical.com or fax this form to (321) 783-1440 Attention Jerry Feldt, IT Department. Please print clearly. Thank you. PLEASE NOTE: Each CAS User should have their own specific CAS Account.

If you are requesting an account for another user please put your contact information here:

NAME: _____ PHONE: _____ E-MAIL: _____

NOTE: Turnaround time for new CAS accounts is 48 hours from receipt.

AGENCY:	**UNIT IDENTIFIER CODE(S)** **(must be 5 or 6 alpha numeric characters)** **As seen in PMS-931** **Click here to view Unit ID's > Unit_Identifier_Link**		
☐ BIA (Bureau of Indian Affairs)	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __
☐ BLM (Bureau of Land Management)	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __
☐ FS (Forest Service)	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __
☐ FWS (Fish & Wildlife Service)	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __
☐ NPS (National Park Service)	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __

APPLICANT NAME: _____ _____
LAST FIRST

NAME OF LOCATION: _____

PHYSICAL ADDRESS: _____

_____

CITY, STATE, ZIP: _____

PHONE: _____ EXT: _____ MAIN PHONE: _____

FAX: _____ E-MAIL: _____

FOR CHS USE ONLY

DATE ENTERED CAS: _____ BY: _____

USER NAME: _____ PASSWORD: _____
(Minimum 6 characters)

LOGIN INFORMATION EMAILED TO USER ☐