

The CAHPS Home and Community Based Services Survey Data Submission System

Account Registration

OMB Control No.: 0935-0245

Expiration 10/31/2022

Please provide the following information to register for an account. The CAHPS Database will review your request and will send you an e-mail with the information to access CAHPS Home and Community Based Survey Data Submission System.

*** = Required Field**

*Organization Name:
*First Name:
*Last Name:
Title Position:
*Address 1:
Address 2:
*City:
*State:
*Zip Code:
*Telephone number: () - Ext.:
Fax number: () -
*Email Address:

*Role of participant

- ☐ State Or State Agency (Receives a private report)
☐ Managed Care Plan (Receives a private report)
☐ Vendor

Additional Information about participant role:

*Are you the primary contact?

- ☐ Yes
☐ No (please give the name and telephone number of the primary contact)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0245) AHRQ, 5600 Fishers Lane, Rockville, MD 20857.

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and