**Wisconsin Shares Child Care Subsidy Administration SharePoint Site**

**External User Access Request (Non-CSAW Users)**

**If you do not currently have access to the department’s CSAW application (Child Care Administration on the Web), you need to complete this form to request access to the SharePoint site.**

**INSTRUCTIONS**

To access the **Wisconsin Shares Child Care Subsidy Administration SharePoint** site, you need to setup a DWD User Name by going to the State of Wisconsin’s DWD Accounts Management System website at <https://accounts.dwd.wisconsin.gov/>

**Select the “Create a Logon” link.**

Fill in all of the requested fields and check the checkbox for the Terms and Conditions.

This process is your key to doing secure business with the Department of Workforce Development and the Department of Children and Families over the internet. **The User Name must be supplied in the User Name/User ID field on this access request form for SharePoint.**

The User Name/User ID must be between 5-20 characters long, CAN be a combination of letters and numbers, and must NOT contain spaces or special characters. Save your User Name/User ID somewhere safe, where you won’t forget it.

After you have set you your User Name/User ID, fill out the form on the back of this page and email it to: [DCFDECEBOPIT@wisconsin.gov](mailto:DCFDECEBOPIT@wisconsin.gov)

**NOTE:** **An account that is not accessed for 26 months will be considered dormant and may be deleted without warning. If you need an account after a dormant account is deleted, you will need to reregister for a new account using the above procedure.**

**Wisconsin Shares Child Care Subsidy Administration SharePoint Site**

**External User Access Request (Non-CSAW Users)**

This form is to be used by non-CSAW users to gain access to the **Wisconsin Shares Child Care Subsidy Administration SharePoint** site.

**NOTE: All fields are mandatory. Incomplete forms will not be processed.**

|  |  |
| --- | --- |
| Name – Person Requesting Access (First MI Last) | User Name / User ID |
| Telephone Number – Person Requesting Access | |
| Email Address – Person Requesting Access | |
| Purpose of requesting access: | |
| **By checking this box, I certify that all information on this form is accurate and that I have read the User Acceptance Agreement within the Create a Logon page on the DWD Accounts Management website and accept and agree to the terms of the usage policy.** | |
| Name – Local Agency | Name – Supervisor / Local Agency Contact Person |
| Direct Telephone Number – Supervisor / Local Agency Contact | |
| Email Address – Supervisory / Contact Person | |

Email this form to: [DCFDECEBOPIT@wisconsin.gov](mailto:DCFDECEBOPIT@wisconsin.gov). Once approved, a verification email will be sent to the email address you supplied within the registration process.

Please allow up to 10 business days for processing.

|  |  |
| --- | --- |
| For DCF Completion (For DCF Office Use Only) | |
| Processed By (Name of DCF / DECE Employee) | Date Processed (mm/dd/yyyy) |