**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Management Services

**Request for Access**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wis. Stats.]. Send all requests to your supervisor / security officer. Provision of a four digit PIN and secret word is mandatory. **Failure to provide a four digit PIN and secret word will result in the denial of your request.** PIN and secret word are used to identify the user for password resets. The department is legally responsible for protecting the confidentiality of personally identifiable information. Any screen or printout displaying personally identifiable information is confidential information and must be secured.

Request Type:  If “Change or Other” – Specify:

**User to provide the following information**

|  |  |  |
| --- | --- | --- |
| 1. ID (Not required if requesting new ID)      | 2. Name – Employer      | 3. Private Employer?[ ]  Yes [ ]  No |
| 4. Name – User      | 5. Email Address – User      |
| 6. Work Telephone Number – User      | 7. Four Digit Pin Number – User-REQUIRED FIELD     |
| 8. Secret Word – User-REQUIRED FIELD      | 9. Name – Agency      |
| 10. Address – Agency (Street, City, State, Zip Code)      |
| 11. County / Tribal or District WDA(Workforce Development Area)      |
| 12. Agency Type:  If “Other” – Specify:      **Note: IM/ES/W-2/SS/ADRC REQUESTS SHOULD BE SENT TO DHS CARES AIMS FOR PROCESSING. See instructions for link.** |
| 13. **A1**. Choose the System(s) for which access should be **ADDED**:  If “Other” – Specify:       **A2**. Pattern access after **current/active** user:        **A3**. User requires TSO access, check box [ ]  User requires CICS access, check box [ ]  **A4**. Access Via WAMS is requested. WAMS ID required. Enter ID below, Section 14.A1. and check this box [ ]  |
| 14. For CARES Requests. **A1.** If requested in 13.A1**,** CWW **requires a WAMS ID. Provide WAMS ID:** **Link to set up WAMS ID:** [http:/on.wisconsin.gov](http://on.wisconsin.gov) **A2**. Security Level:  Worker Type:  Job Function Code:  Location Code:       Other Access:   |
| 15. For KIDS Requests. **A1**. If requested in 13.A1, Extranet, Child Support Partner Resource (CSPR), wiKIDS, and Birth Query **require a WIEXT ID.**  **Provide WIEXT ID:**       **Link to set up WIEXT ID:** [**https://accounts.dwd.wisconsin.gov/**](https://accounts.dwd.wisconsin.gov/) **A2**. Agency ID (FIPS Code):       On-Line Printer ID:       Batch Printer ID:       Worker Type:  If “Other” – Specify:       PRT ID/Name:       |
| 16. For Control-D RequestsList the reports needed, be specific       |
| 17. List System(s) for which access should be Changed.  For name change, give old / new name:        For ‘other’ – Specify:       |

# Read carefully before signing this Operator Security Acknowledgment.

**User Agreement for Access to the Wisconsin Department of Children and Families Systems.**

I have a legal and ethical responsibility to protect the confidentiality and security of all protected data and information to which I have access to via the Wisconsin Department of Children and Families (DCF), other state and federal system application(s). Confidential information may include but is not limited to: financial information, client / patient identifiable information, and protected health information. This information is protected by state and federal laws. In order to be granted data about DCF clients that we serve, I agree to the following:

I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job and all applicable policies and laws. I will not re-disclose any information I have accessed unless needed to complete my authorized task and as allowed by law.

I acknowledge the receipt of my ID’s and passwords. I understand that passwords are the equivalent of my signature and I am responsible for their use.

If I know of an actual or attempted privacy or security violation or inappropriate use or disclosure of this data, I will notify my security officer and supervisor.

It is my responsibility to inform my supervisor and security officer, in writing, when I am leaving employment. When my association ends, I will no longer access confidential information and will not take any confidential information with me.

I understand that my actions in any system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel. Any improper use of unauthorized access of any system may result in administrative disciplinary action and civil and criminal penalties. By signing this form and continuing to use DCF or other system(s), I consent to these terms and conditions.

After completing the signatures, please attach document to an email and send to DCFServiceDesk@wisconsin.gov

|  |
| --- |
| **User Information** |
| Name      | **SIGNATURE** | Date Signed      |
| **Supervisor Information** |
| Name      | Telephone Number      |
| Email Address      |
| **SIGNATURE** | Date Signed      |
| **County / Tribal / Agency Security Officer Information** |
| Name      | Telephone Number      |
| Email Address      |
| **SIGNATURE** | Date Signed      |
| **DCF Security Officer Information** |
| Name      | Telephone Number      |
| Email Address      |
| **SIGNATURE** | Date Signed      |

Instructions

Request Type – From the drop down box, select the appropriate request type: new, change, employment ended or other. New is for users that are new to the system and do not have any access. For changes, specify what is to be changed. Examples of changes are: a user’s name, telephone number, to request additional access for an existing user or to remove a user’s access from an application for which they no longer need access. Please complete Section 17 with the appropriate information.

Section 1. ID – Enter user’s mainframe/CARES ID, if known. Leave blank for new user request.

Section 2. Name - Employer – This is the name of agency the user is employed by. (If the user is not employed by the authorizing state, county, or tribal agency in item 9; enter the employer’s name in Section 2.)

Section 3. Does the user work for a private employer? Check yes or no.

Section 4. Name – Enter the user’s first name, middle initial and last name.

Section 5. Email Address – Enter the user’s work email address, will be used to recover WAMS and WIEXT passwords.

Section 6. Work Telephone Number – Enter the user’s work telephone number.

Section 7. Four Digit Pin Number – Required Field – User – The four digit pin is selected by the user and is used to identify the user when the user contacts the Service Desk for assistance. Choose a number that the user will remember. The pin field must be completed for access to be granted. The user will be asked for this number when contacting the Service Desk.

Section 8. Secret Word – Required Field - User – The secret word is selected by the user and used to identify the user when the user contacts the Service Desk for assistance. Choose a word that the user will remember. The secret word field must be completed for access to be granted. The user will be asked for this word when contacting the Service Desk.

Section 9. Name – Agency – This is the name of the agency for which the user is performing a service. If the user is not employed by the authorizing agency in item 9; enter the employer’s name in Section 2.

Section 10. Address – Agency – Enter the street, city, state, zip code of the agency in Section 9.

Section 11. County/Tribal or District WDA – Enter the county code, tribal code or district WDA (Workforce Development Area). In most cases a county code will be entered in this section.

Section 12. Agency Type – From the drop down, select the appropriate agency type: America Works, BMCW, Child Support, DCF, Forward Services, Maximus, MILES, ResCare, Ross IES, UMOS, Workforce Connections, Workforce Resource, Other. If other, specify.

Please note: If you are a W-2 agency or IM/ES agency you should be contacting DHS CARES AIMS Security at DHSCARESAIMS@DHS.Wisconsin.Gov for access and completing the DHS Access Form. Enter this link into your browser [www.dhs.wisconsin.gov/forms/f0/f00476.pdf](http://www.dhs.wisconsin.gov/forms/f0/f00476.pdf) for a copy of the form.

Section 13. A1. Choose the system(s) to be added. From the drop down select one of the following:

 CARES only

 KIDS only

 wiKIDS only – requires a WIEXT ID for user

 CWW only – requires a WAMS ID for user

 EXTRANET only – requires a WIEXT ID for user

 ECF Viewer only – requires user’s WAMS ID, requested as other

 ECF Capture – requires user’s WAMS ID, specify SCAN and/or INDEX – requested as other

 Child Support Partner Resource SharePoint only – requires a WIEXT ID for user

 Birth Query/Vital Records only – requires a WIEXT ID for user, requested as other

 Control-D only

 CARES/CWW

 CARES/KIDS

 CARES/wiKIDS

 CARES/KIDS/wiKIDS – requires a WIEXT ID for user

 CARES/KIDS/CWW – requires a WAMS ID for user

 CARES/KIDS/wiKIDS/CWW – requires a WAMS and WIEXT ID for user

CARES/KIDS/CWW/CSPR – requires a WAMS and WIEXT ID for user

CARES/KIDS/wiKIDS/CWW/CSPR – requires a WAMS and WIEXT ID for user

CARES/KIDS/CWW/CSPR/Extranet - requires a WAMS and WIEXT ID for user

CARES/KIDS/wiKIDS/CWW/CSPR/Extranet - requires a WAMS and WIEXT ID for user

 CARES/KIDS/Control-D/CWW – requires a WAMS ID for user

 CARES/KIDS/wiKIDS/Control-D/CWW – requires a WAMS and WIEXT ID for user

CARES/KIDS/Control-D/CWW/CSPR/Extranet – requires a WAMS and WIEXT ID for user

 CARES/KIDS/wiKIDS/Control-D/CWW/CSPR/Extranet – requires a WAMS and WIEXT ID for user

 OTHER, specify

Section 13. A2. Pattern access after current user – enter ID or name of an active account with like access. Primarily used as a guide to model access for Mainframe applications. Does not mean user will receive the same access the pattern has. It is only a guide. Specific access should always be requested.

Section 13. A3. User requires mainframe TSO access. Generally needed only by DCF Central Office Staff. User requires CICS access. Generally needed only by DCF Central Office Staff. County users of CARES/KIDS automatically receive access.

Section 13. A4. Access Via WAMS - If the agency accesses VIRTEL(Mainframe Access) via WAMS, a WAMS ID is required. If the user has an existing ID please enter the ID. If the user has not established an ID, use the link to set up an ID. Then enter the ID in the space provided. If no ID is provided, access cannot be granted.

Section 14. For CARES and CWW Access

Complete this section if CARES/CWW Access is needed.

A1. CWW Access requires the user to have established a WAMS ID. If the user has an existing ID please enter the ID. If the user has not established an ID, use the link to set up an ID. Then enter the ID in the space provided. If no ID is provided, access cannot be granted.

 A2. Security Level – select one from the drop down

 Worker

 State Staff

 Worker Type – select one from the drop down

 Economic Support

 Child Support

 Other

 Job Function Code – select one from the drop down

Economic Support

 Child Support

 State-Central Office Staff

 Location Code – enter the Location Code for the County, also called CARES SMUM Profile.

Section 15. For KIDS Access

Complete this section if KIDS Access in needed.

A1. EXTRANET/BCS Workweb, now called Child Support Partner Resource SharePoint, wiKIDS and Birth Query Access require the user to have established a WIEXT ID, also called DWD Wisconsin Logon ID. If the user has an existing ID please enter the ID. If the user has not established an ID, use the link to set up an ID. Then enter the ID in the space provided. If no ID is provided, access cannot be granted. The email address on the WIEXT ID must be a current work address or access cannot be granted.

 A2. Agency ID (FIPS Code) – enter FIPS Code for the County/Tribe.

 On-Line Printer ID – enter printer ID, default if no printer is POK1. Using the default does not allow KIDS printing.

 Batch Printer ID – enter U number, if known, default is U0000. Using the default does not allow KIDS printing.

 Worker Type – Select one from the drop down, if further explanation is needed, please contact BCS.

 PRT ID/Name – This is a 15 digit printer identifier or Name. Example: PRT5457-PASSTHRU or Sorrell.

 If unknown, contact your Agency Security Officer.

Section 16. For Control-D Access – enter forms/access needed.

Section 17. List the System(s) to which access should be changed/removed from the drop down.

 All Access – select if all access should be removed for this user

 Specific application only – list the application to be removed or deleted

 Other – specify access to be removed/deleted

For name changes please list old name/new name.

# Carefully read the Operator Security Acknowledgment before completing the signature block.

User’s signature and date – The user must sign and date the form.

Supervisor’s signature, date, telephone number and email address – The user’s supervisor must sign and date the form. Also the supervisor’s telephone number and email address are required.

Agency / County / Tribal Security Officer’s signature, date, telephone number and email address – The user’s security officer must sign and date the form. Also the security officer’s telephone number and email address are required.

After completing the signatures, please attach to an email and send to DCFServiceDesk@wisconsin.gov

State Security Officer’s signature, date, telephone number and email address – This is completed by DCF Security Officer after the form is received. The state security officer must sign and date the form. Also the security officer’s telephone number and email address are required.

**User and Local Security Officer will receive an email from DCF Security when access is granted.**