** Case Management System Access Request**

**Use of form:** This form must be completed and submitted to DCF Service Desk in order to request access to the YoungStar Case Management System. *See complete instructions on reverse side.*

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| 1. **APPLICANT INFORMATION** | | | |
| 1. Requested Action   Activate User ID  Delete User ID  Change or Add Role to User ID | | | 1. Effective Date (mm/dd/yyyy) |
| 1. Organization Name / County / Tribe Applicant Represents | | | |
| 1. Applicant Role(s) (Check all that apply)   YoungStar Service Roles: DCF Roles: | | | |
| Regional Administrator  DCF Administrator | | | |
| Consultation and Coaching (was Technical Assistant)  DCF BITS | | | |
| Rating Observer  DCF Licensing and Certification Staff | | | |
| Rating Observer Supervisor  DCF View Only | | | |
| Regional View Only Special: | | | |
| Regional Clerical Staff  Statewide Announcements | | | |
| Professional Development Staff  Pattern after specific person: | | | |
| 1. YoungStar Region(s) | | | |
| 1. **SECURITY INFORMATION - Please Complete All of the Following Section** | | | |
| 1. DWD / Wisconsin Login ID | 1. Secret Word (for security purposes) | | |
| 1. Applicant Name (Print Last, First, MI) | | 1. Applicant Telephone Number (Work) | |
| 1. Applicant Email Address (Work) – Print Clearly | | | |
| Use of this login and password provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. The User’s signature on this form constitutes acceptance of responsibility for compliance with §49.32(10), §49.32(10m), §49.81, §49.83 and §943.70(2) and with DWD policy (attached to new login approvals). | | | |
| 1. **SIGNATURE** – Applicant | | Date Signed | |
| 1. Supervisor Name – (Print) | | Supervisor Telephone Number | |
| **SIGNATURE** – Supervisor | | Date Signed | |
| 1. **DCF Service Desk** ([DCFServiceDesk@wisconsin.gov](mailto:DCFServiceDesk@wisconsin.gov)) | | | |
| 1. Name – DCF Security Officer (Print) | | Telephone Number | |
| **SIGNATURE** – DCF Security Officer | | Date Signed | |

**INSTRUCTIONS**

1. Check the appropriate box for requested action.
2. Indicate the date by which you need to begin, change, or remove access.
3. Indicate the organization / County / Tribe the applicant represents.
4. Indicate applicant role (this determines the type of access granted)

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| Profile | **Access** |
| **Regional Administrator** | Update access to assign services such as consultation, rating, and environment observations. View access to all screens. |
| **Consultation and Coaching (was TA)** | Update access to all consultation, coaching, and rating services. View access to all screens (except security module). |
| **Rating Observer** | Update assigned provider rating screens. View access to all screens (except security module). |
| **Rating Observer Supervisor** | Update all provider rating screens. View access to all screens (except security module). |
| **Regional Clerical Staff** | Update access to enter documents and application details. View access to all screens (except security module). |
| **Professional Development Staff** | Update and add activities to professional development service requests. |
| **DCF View Only** | View access to the YoungStar statewide system. |
| **Regional View Only** | View access to the YoungStar region selected. |
| **DCF Licensing and Certification Staff** | View access to the YoungStar region selected for DCF staff. |
| **DCF BITS** | Statewide programming update and technical support access for all platforms. |
| **DCF Administrator** | Update and view access for all system functionality in the production platform. |

1. Indicate the YoungStar region (applies to update access only). <https://dcf.wisconsin.gov/youngstar/program/localoffice>
2. Indicate the User ID you entered on the DWD/Wisconsin Account Creation screen – instructions can be found at: <https://accounts.dwd.wisconsin.gov/>
3. Enter the applicant’s mother’s maiden name.
4. Enter applicant’s full name (Last, First, Middle).
5. Enter applicant’s work telephone number.
6. Enter applicant’s work email address. Make sure to print clearly, so the applicant will get an email notice once security has been approved.
7. Applicant signs and dates the form, and presents it to the supervisor.
8. Enter applicant supervisor's name (print clearly) and telephone number and have supervisor sign and date the form. Supervisor sends it to the DCF Service Desk. (*Please scan or photograph and email to DCF Security at* [*DCFServiceDesk@wisconsin.gov*](mailto:DCFServiceDesk@wisconsin.gov).)
9. The DCF Security Officer signs and dates the form. The applicant will receive a notice via email when access is approved.