**Wisconsin Refugee Programs Database (WRPD) – ClientTrack**

**User Access Request**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**All users and authorizing staff are legally responsible for protecting the confidentiality of protected information.**

Instructions for completing this form can be found on page 4. If you fail to provide required information, your request will be denied.

**New users to the WRPD without a WAMS ID and a Training WAMS User Acceptance Training (UAT) ID must create one prior to completing this form. Both IDs are required before access is granted. The user’s work email and work telephone number must be used and associated with the user’s WAMS ID and Training WAMS UAT ID. Separate user accounts are required to access the WPRD Production and Training Environments.**

**WRPD Production Environment requires a WAMS ID**: The ID must be created at <https://on.wisconsin.gov/WAMS/home>. This ID is required prior to accessing state applications. A WAMS ID will not provide access to the WRPD Training Environment.

**WRPD Training Environment requires a WAMS UAT ID**: The Training WAMS UAT ID must be created at <https://uaon.wisconsin.gov/WAMS/SelfRegController>**.** A Best Practice is to create this ID with UAT at the end (e.i WorkerNameUAT). A WAMS UAT ID will not provide access to the WRPD Production Environment.

The authorized Agency/Contractor Security Officer/Data Steward must email the completed form to the [DCFMBDFESDataSteward@wisconsin.gov](mailto:DCFMBDFESDataSteward@wisconsin.gov).

**Please type information in the text form fields. Please do not handwrite in the text form fields.**

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| **USER INFORMATION** | | | | | |
| Last Name | | First Name | | | Middle Initial |
| Work Telephone Number | WAMS ID | | | Training WAMS UAT ID | |
| Work Email | | | | | |
| **REQUESTED ACTION** | | | | | |
| NEW  EDIT – If you are editing an existing user, check this box **and** complete this form. You must complete all sections.  DELETE – If you are removing a user, skip to the Supervisor and Agency/Contractor Security Officer/Data Steward Information sections and complete. Email the completed form to the [DCFMBDFESDataSteward@wisconsin.gov](mailto:DCFMBDFESDataSteward@wisconsin.gov). | | | | | |
| **ENVIRONMENT REQUESTED** | | | | | |
| Production & Training | | | | | |
| **ORGANIZATION ROLE** | | | | | |
| The User MUST select/checkmark their organization Role [only one (1) must be selected] and select their Employer in the corresponding organization role. If the approved Employer is not listed, select Other and type the name of the Employer. If Subcontractor is selected, enter the name of the Employer Subcontractor. If the User is employed by a Refugee Cash Assistance (RCA) Wisconsin Works (W-2) Agency/Contractor, skip to the RCA W-2 Organization Role section and complete. | | | | | |
| **Organization Role:** | | | **Employer:** | | |
| Refugee Resettlement Agency | | |  | | |
|  | | | If Other, type in the Employer Name | | |
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| Refugee Service Provider (But not a RCA W-2 Agency/Contractor) |  |
|  | If Other or Subcontractor, type in the Employer Name |
|  |
| State Staff |  |
| **RCA W-2 ORGANIZATION ROLE** | |
| Skip this section if the User is not employed by an RCA W-2 Agency/Contractor. Users employed by an RCA W-2 Agency/Contractor MUST select/checkmark their Employer [only one (1) must be selected] and at least one (1) county listed under their Employer. | |
| |  | | --- | | Equus Workforce Solutions |   Counties:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Kenosha | Ozaukee | Racine | Walworth | Washington | Waukesha | |  | | | | | | | |
| |  | | --- | | Forward Service Corporation |   Counties:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Adams | Brown | Calumet | Columbia | Dane | Dodge | | Door | Florence | Fond du Lac | Forest | Grant | Green | | Green Lake | Iowa | Jefferson | Juneau | Kewaunee | Lafayette | | Langlade | Lincoln | Manitowoc | Marathon | Marinette | Marquette | | Menominee | Oconto | Oneida | Outagamie | Portage | Price | | Richland | Rock | Sauk | Shawano | Sheboygan | Taylor | | Vilas | Waupaca | Waushara | Winnebago | Wood |  | |  | | | | | | | |
| |  | | --- | | Maximus Human Services, Inc. |   County:   |  | | --- | | Milwaukee | |  | | |
| |  | | --- | | UMOS, Inc. |   County:   |  | | --- | | Milwaukee | |  | | |
| |  | | --- | | Workforce Connections, Inc. |   Counties:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Buffalo | Crawford | Jackson | La Crosse | Monroe | Pepin | | Trempealeau | Vernon |  | | | | |  | | | | | | | |

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| |  | | --- | | Workforce Resource, Inc. |   Counties:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Ashland | Barron | Bayfield | Burnett | Chippewa | Clark | | Douglas | Dunn | Eau Claire | Iron | Pierce | Polk | | Rusk | St. Croix | Sawyer | Washburn |  | | |  | | | | | | |
| **USER ASSIGNMENT – Workgroup** |
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WRPD – ClientTrack is an information system owned by the State of Wisconsin – Department of Children and Families and is the property of the State of Wisconsin Government. It is for authorized use only. Unauthorized access, use, misuse, modification, or disclosure of this information system or data constitutes a violation of 18 U.S.C. § 1030, Wis. Stats. §§ 49.83 & 943.70, DCF Policy, and may subject the individual to administrative disciplinary action and criminal and civil penalties.

**USER AGREEMENT FOR ACCESS TO THE WRPD – ClientTrack**

I have a legal and ethical responsibility to protect the confidentiality and security of all protected data and information to which I have access through a DCF system(s). Confidential data includes, but is not limited to, financial information, personally identifiable information (PII), and protected health information (PHI). Confidential data is protected by state and federal laws. To be granted access to confidential data, I agree to the following:

I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential data except as properly and clearly authorized within the scope of my job and all applicable policies and laws. I will not browse or use files that I am not authorized to and that exceed the minimum necessary to do my job. I will not redisclose any information I have accessed unless needed to complete my authorized task and as allowed by law.

I acknowledge the creation and receipt of my WAMS ID and password. I understand that passwords are the equivalent of my signature and that I am responsible for their use. I will not share my ID and password with other people. I understand that violation of this policy may result in immediate termination of my access to DCF system(s).

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

I understand that my actions in a DCF system(s) may be intercepted, monitored, recorded, copied, audited, or inspected by and disclosed to authorized staff/personnel. I understand that any improper use or unauthorized access of a DCF system(s) may result in administrative disciplinary action and civil and criminal penalties.

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

By signing and dating this form, I consent to these terms and conditions.

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| **User Information** | | |
| Name | | |
| **SIGNATURE** – User | | Date Signed |
| **Supervisor Information** | | |
| Name | Work Telephone Number | |
| Email: | | |
| **SIGNATURE** – Supervisor | | Date Signed |
| **Agency/Contractor Security Officer/Data Steward Information** | | |
| Name | Work Telephone Number | |
| Email: | | |
| **SIGNATURE** – Agency/Contractor Security Officer | | Date Signed |
| **DCF DFES BAR, BRP, & BWF Data Steward Information** | | |
| **SIGNATURE** | | Date Signed |
| **DCF WRPD Support Information** | | |
| **SIGNATURE** | | Date Signed |

**Form Instructions**

* A user MUST request access with the least privilege necessary to complete their job.
* All sections, except for the Organization Role and/or W-2 Organization Role [one (1) of these sections must be completed based on the user’s Employer], must be completed for new user access or editing existing user’s access.
* Organization Role: Writing in an Organization (Employer Name) is not acceptable. The request will be denied. The Agency/Contractor must notify their Contractor’s Regional Administrator/Coordinator or Contract Manager to have this form updated. Other may only be selected by approved Organizations. When Other is selected the Employer Name must be provided. If an organization with Subcontractors is selected, the name of the Subcontractor must be provided.
* Environment Requested: Select the system environment being requested.

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| **System Environments** |
| Production |
| Training |

* User Assignment – Workgroup: Select the Workgroup. The following chart defines the workgroup and function for the user.

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| **Workgroup** | **Function** |
| Case Manager | Create, update, and edit participant intake and enrollment information, services, and case notes. |
| Case Manager Administrator | All the functions of Medical Case Manager, plus Administrator functions such as re-assign participants to Case Managers, etc. |
| DCF Administrator | Add/Edit/Delete all data. Ability to make system changes. |
| Medical Case Manager | All functions of Case Manager, plus the ability to enter and view Medical Screening information |
| RCA Administrator | All the functions of RCA Financial and Employment Planner, plus the ability to approve RCA benefits issuance to participants. |
| RCA Financial and Employment Planner | All the functions of Case Manager, plus the ability to create, update, and edit participant enrollment and services in RCA. |
| State Staff - Monitoring | Review and Monitor all data. Read only access. |

**Supervisor responsibilities:**

* Make sure all fields are complete and accurate for the user.
* Make sure the User reads and understands the User Agreement for access to WRPD – ClientTrack.
* Sign, date, and submit the form to your Security Officer/Data Steward.

**Agency/Contractor Security Officer responsibilities:**

* Verify all information is complete and valid.
* Sign, date, and securely email the completed form to the: [DCFMBDFESDataSteward@wisconsin.gov](mailto:DCFMBDFESDataSteward@wisconsin.gov).
* Notify DCF immediately in the event of a security violation.
* Report system misuse at: <https://dcf.wisconsin.gov/form/report-system-misuse>; [DCFSecurity@wisconsin.gov](mailto:DCFSecurity@wisconsin.gov); and/or the [DCFMBDFESDataSteward@wisconsin.gov](mailto:DCFMBDFESDataSteward@wisconsin.gov).

**DCF DFES BAR, BRP, & BWF Data Steward responsibilities:**

* Review request.
* Approve by signing and email the form to the [DCFWRPDSupport@wisconsin.gov](mailto:DCFWRPDSupport@wisconsin.gov).
* Notify the Agency/Sub Contractor if the access request needs to be updated or denied.

**DCF WRPD Support responsibilities:**

* Add, edit, or delete the user access.
* Coordinate with the DCF DFES BAR, BRP, & BWF Data Steward, as needed.
* Approve by signing the form.
* Retain and store the form per [DCF Policy 718](https://dcfweb/files/policy-manual/700/718.docx).