

CHILD CARE SUBSIDY WEB APPLICATIONS ACCESS REQUEST

1. Requested Action: Activate User ID Change (Type of Application, User Name, SSN)
 Delete User ID

2. Organization you Represent:

<input type="checkbox"/> Child Care Resource and Referral Agency	<input type="checkbox"/> County/Tribal Child Care Agency
<input type="checkbox"/> Child and Adult Care Food Program	<input type="checkbox"/> Child Day Care Licensor
<input type="checkbox"/> Child Support Agency	<input type="checkbox"/> Child Day Care Certifier
<input type="checkbox"/> DCF Staff	<input type="checkbox"/> Other Organization:

3. Program Requested:	Effective Date: _____
CCPI	CSAW
<input type="checkbox"/> Update access to Attendance (County/Tribal agency staff only) – includes access to view Regulation, Authorization and Payment information	<input type="checkbox"/> Update access
<input type="checkbox"/> View access to Attendance, Regulation, Authorization and Payment information only	Name of County(ies)/Tribe: _____
	Type of access (see codes on back): _____
	<input type="checkbox"/> Update access to PIES

Please complete all of the following information:

4. DWD/Wisconsin Logon ID	5. CARES ID	6. Mother Maiden Name (for security purposes)
---------------------------	-------------	---

7. User Name (Print Last, First, MI) _____

8. Name of Organization/County/Tribe you Represent	Print Supervisor Name
--	-----------------------

9. Supervisor Signature	Supervisor Phone Number ()	Date Signed
-------------------------	-----------------------------------	-------------

Use of this logon 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/DCF policy (attached to new logon approvals).

10. User Signature	User Phone Number ()	Date Signed
--------------------	-----------------------------	-------------

11. User Email Address. _____

County/Tribal Agencies Only

12. Child Care Coordinator Signature	Date Signed
--------------------------------------	-------------

13. County/Tribal/W-2 Security Officer Signature	Date Signed
--	-------------

14. State Security Officer Signature	Date Signed
--------------------------------------	-------------

Return this form to your county/tribal Child Care Coordinator.

Instructions

1. Check the appropriate box for requested action.
2. Check or indicate the organization you represent.
3. Program Requested: If a County/Tribal Child Care Agency indicate what type of access you are requesting.
 - CCPI/CCPC: update or view only
 - CSAW – Type of access: Enter one of the codes below:

Code	Access
B	Update Provider Management screens only
G	Update Authorization, Provider, Issuance and PIES Management screens
P	Update Authorization Management only
Q	Update Issuance and PIES Management screens
S	Update Provider, Issuance and PIES screens
I	Query access to all modules
PIES	If a user chooses Access Code I (inquiry) but needs update access to PIES, check the “update access to PIES”

Check or indicate the program of request and the date access to be effective.

4. Indicate the User ID you entered on the DWD/Wisconsin Account Creation screen. Instruction can be found at http://dcf.wisconsin.gov/childcare/wishares/CSAW/pdf/csaw_newusers.pdf

Note: These instructions are worded for CCPC users, but they will work with all child care web applications (CCPI, CCPC and CSAW) as well as BST (Barriers), EATS (Emergency Assistance Tracking System), FSQA (Food Stamp Quality Assurance) and LTC (Long Term Care).

5. Indicate your CARES ID if you have one. Required only If you are requesting **update** access to CCPI or CSAW, you must list your CARES ID.
6. Mother’s maiden name of the user.
7. Complete name of the user.
8. Name of Organization/County/Tribe you represent and the date signed.
9. Supervisor’s signature, printed name and phone number.
10. User’s signature, phone number and date signed.
11. Enter your email address. Make sure to print clearly so you will get a notice once your security has been approved.
12. Child Care Coordinator in your county/tribe must sign and date the form.
13. Security Officer in your county/tribe must sign and date the form.
14. State Security Officer must approve your access to the system.
15. **This form must be returned to your county/tribal Child Care Coordinator for approval. The county/tribal agency will forward it to the DCF Security Officer. You will receive a notice when your access is approved.**