**External eWiSACWIS User Access Authorization**

**Use of form:** This form is used to grant external user authorization for access to the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** The person designated to submit requests to DCF Security should email the completed form to dcfservicedesk@wisconsin.gov or fax the form to (608) 327-6420.

**NOTE: Retain this form for your agency record.**

|  |  |
| --- | --- |
|  | Ticket Number      |
| Type of Request (Check one)[ ]  New request (Add new user for eWiSACWIS)[ ]  Change request (Change any information for existing user)[ ]  Delete request (Delete user from eWiSACWIS access) | Effective Date (mm/dd/yyyy)      |
| Name – County / Agency      |
| Full Name – User (Last, First, MI)      | Work Telephone Number – User      |
| Email Address – User      | WAMS ID      |
| eWiSACWIS Access (OFFICE USE ONLY)[ ]  Read only [ ]  Read only with restricted case access [ ]  Read only with write functionality as specified |
| Full Name – Supervisor (Last, First, MI)      | Work Telephone Number – Supervisor      |
| Email Address – Supervisor      |
| New user must follow the next steps prior to finalizing access to the Statewide eWiSACWIS system. |
| 1. User reads DCF eWiSACWIS memo dated February 14, 2023 – [eWiSACWIS: Confidentiality and Access to the System](https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2023-13.pdf)
 |
| 1. User reads DCF eWiSACWIS confidentiality policy – [Access and Confidentiality Policy of the Wisconsin Department of Children and Families for Child Welfare Data Systems](https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/attachments/2023-13-attachment1.pdf)
 |
| 1. User signs DCF-F-CFS2275-E – [eWiSACWIS User Agreement](https://dcf.wisconsin.gov/files/forms/doc/2275.docx)
 |
| 1. User accesses the [Wisconsin Web Access Management System](https://on.wisconsin.gov/WAMS/home)(WAMS) to create a Wisconsin User ID and Password.  Please use your current work e-mail address when setting up or updating a WAMS account.
 |
|  |  |  |
| **SIGNATURE** – User |  | Date Signed |

**INSTRUCTIONS FOR COMPLETING DCF-F-2840-E**

**When to Use:** This form **must** be used to notify DCF Security that:

 1. A new worker requires access to eWiSACWIS.

 2. A worker no longer needs access to eWiSACWIS.

 3. A current worker changes (job title) or (security rights, changes their name or email address).

**How to Submit:** The person designated to submit requests to DCF Security should email the completed form to: dcfservicedesk@wisconsin.gov or fax the form to (608) 327-6420.

**Notification of Approval:** Users will be notified via email when their eWiSACWIS account has been approved and completed. The email will include instructions for accessing eWiSACWIS.

**Information Requested:**

|  |  |  |
| --- | --- | --- |
| **Type of Request** | **New Request** | Worker is to be given initial access to eWiSACWIS. |
|  | **Change Request** | A current external eWiSACWIS worker changes their: |
|  |  | 1. Name |
|  |  | 2. Job classification |
|  |  | 3. Email address |
|  |  | 4. Other |
|  | **Delete Request** | Worker no longer requires access to eWiSACWIS. |
| **Effective Date** | Date requested change will take effect. |
| **Name – County / Agency** | County / Agency submitting this request. Include site name if multiple locations. |
| **Name – User** | Enter worker's name. If the request is a name change, include the current name and the new name. |
| **Work Telephone Number - User** | Telephone number where worker may be reached during work hours. |
| **Email Address – User** | Worker's Internet email address. |
| **WAMS ID** | WAMS ID created by User. |
| **Name – Supervisor** | Enter supervisor's name. If request is a change in supervisors include both names. |
| **Work Telephone Number – Supervisor** | Telephone number where the worker's supervisor may be reached during work hours. |
| **Email Address – Supervisor** | Internet email address of worker's supervisor. |