**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Early Care and Education

**BPI Investigation Tracking Database Access Request**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats.]. Send all requests to your authorized security officer. 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. Read the instructions on the

next page in order to complete the form. Complete and submit this form to DCF Security at [[DCFServiceDesk@wisconsin.gov](mailto:DCFServiceDesk@wisconsin.gov)](mailto:DCFServiceDesk@wisconsin.gov)

Request Type:  If “Change” – Specify:

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| --- | --- | --- | --- |
| **User to provide the following information.** | | | |
| 1. User ID (If Known) (Leave Blank if New) | 2. Name – User (Last, First, Middle Initial) | | 3. Effective Date |
| 4. Work Telephone Number – User | 5. Work Email Address – User | | |
| 6. Work Designation | | 7. Agency Type:  If “Other”, – Specify: | |
| 8. Program Access Requested: This request is to grant the above named individual the permission to the BPI (FDIU) Investigation Tracking Database as designated below.  Administrator  Developer  Database User  Spreadsheet User | | | |

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 s. 49.32m(10), s. 49.32(10m), s.49.83 and s. 943.70(2) and with DCF policy.

By the entry below of my typed name between two forward slashes”/ /”, I indicate that I am the person named, and that I adopt this entry as

my legal electronic signature on this document. After completing the signatures, please attach to an email and send to: [DCFServiceDesk@wisconsin.gov](mailto:DCFServiceDesk@wisconsin.gov)

|  |  |  |  |
| --- | --- | --- | --- |
| **User Information** | | | |
| Name | **SIGNATURE**  /     / | | Date Signed |
| **Supervisor Information** | | | |
| Name | | Telephone Number | |
| Email Address | | | |
| **SIGNATURE**  /     / | | Date Signed | |
| **BPI Bureau Director** | | | |
| Name | | Telephone Number | |
| Email Address | | | |
| **SIGNATURE**  /     / | | Date Signed | |
| **DCF Security Officer Information** | | | |
| Name | | Telephone Number | |
| Email Address | | | |
| **SIGNATURE**  /     / | | Date Signed | |

DCF-F-2930-E (R. 1/2016)

**Instructions**

Request Type – From the drop down box, select the appropriate request type: new, delete user ID, change. If change, specify what is to be changed.

1. User ID – Enter a business identification number/name. Leave blank if not applicable.
2. Name – Enter the user’s last name, first name and middle initial.
3. Effective Date – Enter the effective date the user’s ID is to be activated, removed, or changed / updated.
4. Work Telephone Number – Enter the user’s work telephone number.
5. Email Address – Enter the user’s work email address.
6. Work Designation – Enter the current designation / title .
7. Agency Type – From the drop down, select the appropriate agency type: America Works, BMCW, Child Support, DCF, Deloitte, DHS, DWD, Forward Services, Maximus, MECA, ResCare, Ross IES, SFTA, UMOS, Workforce Connections, Workforce Resource, Other. If other, specify with agency name and location.
8. Program Access Requested – Select only the type of access needed for the program area requested.

User’s signature and date signed – The user must sign and date the form. Electronic signatures are acceptable.

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

The BPI Bureau Director, who is the owner of the Investigation Tracking Database, must sign and approve all requests. Email the signed and scanned form to: [DCFMBChildCareFraud@wisconsin.gov](mailto:DCFMBChildCareFraud@wisconsin.gov)

DCF security officer’s signature, date signed, telephone number, and email address – The DCF security officer must sign and date the form. The security officer’s telephone number and email address are required. Electronic signatures are acceptable.

2