DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Client Data Management System (CDMS)
User Account Request Form

Please complete the information below when requesting an account be **established/modified/deleted** for a user. For State employees, this form is in addition to the Biggs User Authorization form that must be completed for access to State email and any other application/system maintained by DHSS Information Resource Management (IRM) unit. All state employees must have a valid state e-mail address established by IRM before a user account can be established in the CDMS. Completion of all valid information below at the time of form submission will help to limit any potential delays in a user being able to access the CDMS. For requests to delete a user account, fields marked with ** are the only fields required.

Please Write Legibly

(Please check **one** of the following three boxes)

☐ Add User ☐ Modify User ☐ Delete User**

First Name**:		Last Name**:	
Job Title:		Hire Date:	
Work Street Address:		Work City Address:	
Work State:	Delaware	Work Zip:	
Work Phone Number:		Work Fax Number:	
Work Cell Number *(if applicable)*:		Work Email Address:	
Date Account is to be Deleted**:		Name(s) of service recipient or caseload to be assigned:	
Additional Comments:			

By my signature below, I certify that I will not access, use, or disclose any information available or acquired from the Department of Health and Social Services, Division of Developmental Disabilities Services Client Data Management System (CDMS) except for purposes directly related to my job responsibilities and/or support of service recipient(s). I understand that failure to do so, will result in immediate suspension of my user account.

User Signature _____ Date _____

Supervisor Signature** _____ Date ** _____

For Electronic Case Record System Administrator Use:		Date and Initials of Person Updating ECRS
User ID:		
Account Established/modified/deleted date:		
Notification Date:		

Email form to: ddds_ecrsrequest@delaware.gov

Form CDMS 23-01 (01/01/2023)