



Delaware Health and Social Services
 Division of Management Services

Information Resource Management
 Biggs Data Center
 1901 N. DuPont Highway
 New Castle, DE 19720
 302-255- 9150 Fax 302-661-7213

DHSS Systems
 User Request Form

From: New Employee or Transferring Employee
 To: _____
 Department: _____
 Division: _____
 Unit/Section: _____
 Employee Type: Merit Contractor

- User Add User Change User Delete

Mainframe ID: _____ Effective Date: [Click here to enter a date.](#)

User name (Last, First): _____ User signature: _____ Date: _____
 Title: _____ Agency/Dept Name: _____ Division: _____

(Company, i.e., DHSS) Location Name/Office #: _____

User State E-mail: _____ Phone #: _____ Fax #: _____
 Vendor Email: _____

USER STATEMENT: I Certify that I will not access, use, or disclose any information available or acquired from the Department of Health and Social Services systems, except for purposes directly related to my job responsibilities. I have read and agree to adhere to the Dept. of Technology & Information (DTI) Acceptable Use Policy and the IRM Organizational Policy. I have signed and understand the DHSS User Non-Disclosure Agreement. A copy of the signed agreement is attached.

State Manager's e-mail address: _____
 State Manager's name: _____ State Manager's signature _____ Date _____

- | | | | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> State network
<input type="checkbox"/> Without e-mail | <input type="checkbox"/> DDDS Client Registry | <input type="checkbox"/> MTM | <input type="checkbox"/> SSL/VPN
(Be as specific as possible) | Request DPH systems:
Select DPH system
Select DPH system
Select DPH system
Select DPH system
Select DPH system
Select DPH system
<input type="checkbox"/> Other (list below) |
| <input type="checkbox"/> AAF | <input type="checkbox"/> DECSS | <input type="checkbox"/> MTRV
(requires additional paperwork) | If RDP, select a key job type from drop down
Click to select FOB | |
| <input type="checkbox"/> AAR | <input type="checkbox"/> DELJIS (WP Mainframe) | <input type="checkbox"/> OAS | IP: _____
Access: _____ | |
| <input type="checkbox"/> ADL | <input type="checkbox"/> DHSS Cares | <input type="checkbox"/> OASYS | IP: _____
Access: _____ | |
| <input type="checkbox"/> ADRC | <input type="checkbox"/> DIS
(requires additional paperwork) | <input type="checkbox"/> Offender Re-Entry | IP: _____
Access: _____ | |
| <input type="checkbox"/> ADRP | <input type="checkbox"/> DOLP (WP Mainframe) | <input type="checkbox"/> Ombudsman | | |
| <input type="checkbox"/> Application Tracking | <input type="checkbox"/> EBT | <input type="checkbox"/> PMIS | | |
| <input type="checkbox"/> Aspen/ACTS | <input type="checkbox"/> FAC | <input type="checkbox"/> RPTS | | |
| <input type="checkbox"/> BizTalk
(requires additional paperwork) | <input type="checkbox"/> Helpdesk | <input type="checkbox"/> Sharepoint
(requires additional paperwork) | | |
| <input type="checkbox"/> CAPS | <input type="checkbox"/> HRMS/LT/TAS
(requires additional paperwork) | <input type="checkbox"/> SBI | | |
| <input type="checkbox"/> Casper/MDS | <input type="checkbox"/> ICAT | <input type="checkbox"/> TAP/LTC | | |
| <input type="checkbox"/> CATS | <input type="checkbox"/> Incident Tracking | <input type="checkbox"/> TASC | <input type="checkbox"/> SFTP (be as specific as possible) | |
| <input type="checkbox"/> CBC | <input type="checkbox"/> IRC | <input type="checkbox"/> TFS
(requires additional paperwork) | Access: _____ | |
| <input type="checkbox"/> CCT | <input type="checkbox"/> JICP (WP Mainframe) | <input type="checkbox"/> VICR | Access: _____ | |
| <input type="checkbox"/> CMS | <input type="checkbox"/> KRONOS | <input type="checkbox"/> VOLTRAX | Access: _____ | |
| <input type="checkbox"/> Computrition | <input type="checkbox"/> LCS | | | |
| <input type="checkbox"/> Corticon | <input type="checkbox"/> LIHEAP | | | |
| <input type="checkbox"/> Damart (select apps below) | <input type="checkbox"/> MCI Verification (DSAMH only) | EIAM Single Sign-On | <input type="checkbox"/> DHSS CSG (apps domain) | |
| Select Damart app | <input type="checkbox"/> MISC (WP Mainframe)
(for Document Direct) | <input type="checkbox"/> ASSIST Worker Web | <input type="checkbox"/> Employee Badge / Key Card | |
| Select Damart app | <input type="checkbox"/> MIRS
(requires additional paperwork) | <input type="checkbox"/> FORCES | Instructions for completing this form can be found clicking here. | |
| Select Damart app | <input type="checkbox"/> MMIS | <input type="checkbox"/> MCI-Web-Prod | | |
| Select Damart app | | <input type="checkbox"/> POC | | |
| Select Damart app | | <input type="checkbox"/> PSS | | |
| Select Damart app | | | | |