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|  | ***Delaware Health and Social Services******Division of Management Services*** | **DHSS Systems****User Request Form** |
| ***Information Resource Management*** ***Biggs Data Center*** 1901 N. DuPont Highway New Castle, DE 19720 ***302-255- 9150 Fax 302-661-7213*** |

|  |  |
| --- | --- |
| [ ]  **New Employee or****From**: | [ ]  **Transferring Employee****To**: |
|  |  |  |  |
| Department: |       | Department: |       |
| Division: |       | Division: |       |
| Unit/Section: |       | Unit/Section: |       |

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| --- | --- | --- | --- |
| 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:     Vendor Email:      | Phone #:      | Fax #:       |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 [ ] State network

 [ ] *Without e-mail*

[ ] AAF
[ ] AAR
[ ] ADL

[ ] ADRC

[ ] ADRP

[ ] Application Tracking

[ ] Aspen/ACTS

[ ] BizTalk

 (requires additional paperwork)

[ ] CAPS

[ ] Casper/MDS

[ ] CATS

[ ] CBC

 [ ] CCT [ ] CMS

[ ] Computrition

[ ] Corticon

[ ] Damart (select apps below)

 Select Damart app

 Select Damart app

 Select Damart app

 Select Damart app

 Select Damart app

[ ] DDDS Client Registry

[ ] DECSS

[ ] DELJIS (WP Mainframe)

[ ] DHSS Cares

[ ] DIS

 (requires additional paperwork)

[ ] DOLP (WP Mainframe)

[ ] EBT

[ ] FAC

[ ] Helpdesk

[ ] HRMS/LT/TAS
 (requires additional paperwork)

[ ] ICAT

[ ] Incident Tracking

[ ] IRC

[ ] JICP (WP Mainframe)

[ ] KRONOS

[ ] LCS

[ ] LIHEAP

[ ] MCI Verification (DSAMH only)

[ ] MISC (WP Mainframe)

 (for Document Direct)

[ ] MIRS

 (requires additional paperwork)

[ ] MMIS

[ ] MTM

[ ] MTRV

 (requires additional paperwork)

[ ] OAS

[ ] OASYS

[ ] Offender Re-Entry

[ ] Ombudsman

[ ] PMIS

[ ] RPTS

[ ] Sharepoint

 (requires additional paperwork)

[ ] SBI

[ ] TAP/LTC

[ ] TASC

[ ] TFS

 (requires additional paperwork)

[ ] VICR

[ ] VOLTRAX

**EIAM Single Sign-On**

[ ] ASSIST Worker Web

[ ] FORCES

[ ] MCI-Web-Prod
[ ] POC
[ ] PSS

[ ] SSL/VPN

(Be as specific as possible)

**If RDP, select a key fob type from drop down**

Click to select FOB

IP:

 Access:

IP:

 Access:
IP:

 Access:

[ ] SFTP (be as specific as possible)

Access:

Access:

Access:

Access:

[ ]  DHSS CSG (apps domain)

[ ] DPH Citrix
(for certain DPH systems only)

**Request DPH systems:**Select DPH system

Select DPH system

Select DPH system

Select DPH system

Select DPH system

Select DPH system

[ ]  Other (list below)

[ ] Employee Badge / Key Card

Instructions for completing this form can be found [clicking here.](http://dhss.delaware.gov/dhss/dms/files/userauth110615.pdf)