



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
ACCESS REQUEST

I. IDENTIFYING INFORMATION SECTION

SOCIAL SECURITY NUMBER X	USERID
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NAME (LAST, FIRST, MI)

CONTRACT WORKER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTING AGENCY'S NAME X
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DEPARTMENT DHSS	DIVISION Senior Services and Regulation
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COUNTY NAME X	FIPS NUMBER	SECTION/UNIT EDL IVR
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WORK ADDRESS X	CITY X	STATE X	ZIP CODE X
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WORK TELEPHONE NUMBER X	JOB TITLE X
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II. ACTION SECTION

ACTION REQUESTED

ADD USERID ADD ADDITIONAL USERID DELETE ACCESS
 ADD ACCESS REPLACE ACCESS DELETE USERID

EFFECTIVE DATE OF ACTION (MONTH/DAY/YEAR)

CHANGE IDENTIFYING INFORMATION

PREVIOUS	NEW
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III. ACCESS SECTION

E-MAIL	DO YOU ALSO NEED AN INTERNET MAIL ID? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMENTS:

DOA\$P066

IV. CONFIDENTIALITY/SIGNATURE SECTION

I, the undersigned, an employee or authorized contract representative of the State of Missouri, understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources, which by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates except in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use, and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that may include one or all of the following: (1) suspension, (2) civil court action and (3) dismissal. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

REQUESTOR (SIGNATURE) X	DATE X
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SUPERVISOR/SECURITY COORDINATOR (SIGNATURE)	DATE
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DIVISIONAL SECURITY OFFICER(S) (SIGNATURE)	DATE
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