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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: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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)