IoWANS User ID/Security Request Form

Complete the following information for the requested user access

Action Needed (select one)

___ Add a new user	___ Change for a current user	___ Delete a user

___ Re-activate disabled user; enter login/username: _____

User Information and Demographics (complete all information for each user)

Last Name:	
First Name:	
Organization/Company:	
Address:	
2nd Address:	
City:	
State:	
Zip:	
E-Mail Address:	
Phone Number:	
Fax Number:	
Mother's Maiden Name:	
Last 4 digits of SSN:	
Provider Number:	

Role(s) and County(ies) Information:

If you have any questions about completing this spreadsheet with your roles and counties, call or e-mail the IoWANS Help Desk at IoWANSHelpDesk@dhs.state.ia.us

Roles: Enter all roles to be assigned to the user. Expand comments for a list of worker roles.	
County(ies): Enter the county(ies) this role(s) has/have responsibility for.	

Programs: Select all that apply

___ AIDS/HIV	___ Brain Injury	___ CMH
___ Elderly	___ Habilitation	___ Health and Disability
___ Intellectual Disability	___ MFP	___ PACE
___ Physical Disability	___ IHHRC	___ Other: _____

For DHS employees only: Complete this section if the user is a DHS employee

DHS Network Login:	
DHS Worker No.: Enter the last four characters of the user's DHS Worker Number(s). List each combination of county / worker number.	