

Health and Human Services
New User Request Form

Please complete and email signed form to the email address at the bottom of this document.

Name (First, Middle, Last): _____

Email: _____ Date of Birth: _____

Driver's License#: _____ Issuing state of DL: _____

Mother's Maiden Name: _____

Supervisor Name: _____

Organization: _____

Mailing Address : _____

Organization Id#: _____ Organization Phone#: _____

FOCUS
Security
Rights

☐ WIC Coordinator

☐ CPA Admin

☐ CPA

☐ Non-CPA Professional

☐ Support Staff Admin

☐ Support Staff

☐ Scheduler only

☐ LA Reports Only

☐ View Only

☐ BFPC

☐ WIC Direct

☐ IMPA

Your signature below attests that you **fully understand and agree** with the Non-Disclosure Agreement on Page 2.

New User Signature: _____ Date: _____

WIC Coordinator Signature: _____ Date: _____

For HHS Use Only:

Authorized Program Staff Signature: _____ Phone: _____

Date Received: _____ Org. Code to charge: _____

For the Department Of Management Use Only:

User Name _____

Date Completed _____

email signed form to:
wichd@hhs.iowa.gov

Non-Disclosure Agreement

I understand that information maintained and managed by Health and Human Services (HHS) may include information that is confidential in nature and, in some instances, protected by the Code of Iowa or the Iowa Administrative Code.

I understand that information, including identifying and demographic data is confidential and shall not be disclosed, except as authorized by state or federal law.

I understand that it is my responsibility as a user of an Health and Human Services computer system to use reasonable measures to protect the information contained in the system.

I understand that all passwords are confidential and that no password or security token is to be shared.

I also understand that violation of this agreement could result in criminal prosecution, or other civil or administrative remedies.

My signature on page one attests that I fully understand and agree with the above statements.