

Iowa Connected User/Provider Deactivation Form

Return this form to iowaconnectedhelpdesk@hhs.iowa.gov

Deactivate User/Provider Relowa Connect Help Desk Request

User/Provider Information

User/Provider Name: _____

Agency Name: _____ CSA# _____

Subcontracting Agency Name: _____

Manager Requesting Deactivation: _____

Date of Deactivation Requested (Needed)

****Important:** Once a user or provider is deactivated, their name will no longer appear in the dropdown list for owner or service provider. Ensure all data entry using this person as a service provider has been completed.

Last Date User/Provider will use the system: _____

Date User/Provider needs to be deactivated in the system: _____

Notice:

- You will no longer see their name in Iowa Connected (you will still see them on Reports).
- All activities assigned to the person being deactivated will need to be reassigned to your agency's pool or another staff member.
- For 1st Five or Maternal Health, make sure to reassign the open cases for this person (Episodes with member status) and update the owner only.
- Make sure to enter ALL data with this person as an owner or service provider before submitting the deactivation form.