

Iowa Department of Health and Human Services  
**Electronic Security Information**

Request Date: \_\_\_\_\_

Add  Delete  Change Security Information  Change Mainframe Access

USER INFORMATION			
User's Name (First, middle, last): _____			County: _____
Bureau: CSS	Job Title: _____	Office: _____	Phone Number: _____
WORK LOCATION: _____			
Office Fax: _____	CISC/NES User ID (if known): _____		DOB: _____
User's Social Security Number: _____		Mother's Maiden Name: _____	
State Employee: _____	State Employee's Payroll Number: _____		
If not a state employee, PLEASE select one of the following codes:			
Code Description: _____		If HHS Contractor, End Date Required: _____	
Supervisor's Name: _____		Supervisor's Email: _____	Supervisor Phone #: _____
Group Membership: _____			

MAINFRAME AUTHORIZATION REQUEST				
Billing #: _____		Location Code: _____		
CICS: _____	HHS Network: _____		EBT View: <input type="checkbox"/>	IWD: _____
NES: _____	VPN: _____	ELIAS: View Only	EBT Update: <input type="checkbox"/>	Medicaid: _____
Non ICAR System Access				
SSNI - Inquiry with PHI (TXIXP 101): _____				
ISS3: _____		ISS4: _____	ISS5: _____	
DSSUG001 Public Assistance: _____ (ABCT, DCASM EMAA, EMAB, EMAE, EMAH, EMAS, ICSC, ISSV, JOBS, OLRG, PROV, SPAD, WKER, IABC View, XABC View)		DSSUG003 MMIS, SDXD, KACT, HIMM: _____		DSSUG006 IEVS: _____
DSSUG007 ICER: _____		DSSUG010 ICAR (CSS Only): _____		DSSUG013 (CSS Only) PIEX ICAR: _____
DSSUG049 HRIS: _____		DSSGU046 FACS (CSS Only): _____		

WEB SITE ACCESS					
AIS: _____	CORE: <input type="checkbox"/>	DAA: <input type="checkbox"/>	HHS EAA: _____	HHS SharePoint Services: _____	EBT/EPPIC: <input type="checkbox"/>
IM ECF: _____	JARVIS: <input type="checkbox"/>	KinderTrack: <input type="checkbox"/>	SAVE: <input type="checkbox"/>	WISE: _____	WOPR: <input type="checkbox"/>