

Iowa Department of Health and Human Services
ICAR DATABASE REQUEST

Request Date: _____

USER INFORMATION		
CICS/NES User ID (if known): _____	Name (First, Middle, Last): _____	
Department: Child Support Services	Authorized By: _____	Phone: _____

PRODUCTION SECURITY CLASSES		
Version: _____	ICAR: _____	SCAR: _____
00 Non CSS Worker: _____	01 Foster Care Finance: _____	02 IPAR: _____
03 ICAR Admin: _____	04 TFC: _____	05 Employer Maintenance: _____
06 Enforcement: _____	07 E-Receipt: _____	08 Establishment: _____
09 RA/RBM/MA2: _____	10 CSS Central Office: _____	11 SSA Location: _____
12 Guidelines: _____	13 Intergovernmental: _____	14 Non IVD Location: _____
15 Employer Compliance: _____	16 CO Payment Information: _____	17 CSC: _____
18 SABRE Approval: _____	19 TOBI/REFER: _____	20 Modification: _____
21 SPARQ: _____	22 Suspension: _____	23 SRS: _____
24 Worker: _____	25 Distribution Worker: _____	26 FIDM: _____
ICER Access		
ICER Class 02: _____	ICER Class 30: _____	ICER Class 31: _____
ICER Class 32: _____		
TEST ACCESS AND SECURITY CLASSES		
22 ICER: _____	23 CSCT: _____	
34 CSCQ (Q access): _____	Multiple Session: _____	