

Iowa Connected New User/Service Provider Request Form

Return this form to iowaconnectedhelpdesk@hhs.iowa.gov

Note: After a user sets up two-factor authentication, it may take them a few days to have access to the database.

User Information – All Fields are Required (Service Providers Included)

User Name: _____

User Credentials (i.e., RN, RDH, MD): _____

User Email Address: _____

Contracting Agency Name: _____ CSA# _____

Manager Requesting User: _____

Subcontract Information

Is the user a subcontractor? Yes No

If the user is a subcontractor, provide the subcontracting agency name:

Data Entry and/or Service Provider Indicator – Only Pick ONE

User WILL enter data AND needs to be in the Service Provider Dropdown for Services.

User ONLY needs to be in the Service Provider dropdown for services and will NOT enter data.

Population Access – Your Agency must have a current contract

User will need to view and have access to enter data for the following populations & your agency holds a contract to view:

- Child & Adolescent Health Oral Health Maternal Health 1st Five
I-Smile Silver Family Planning

NOTE: The user must be a current employee, have a valid/working email address, and be actively ready to set up their account. Please follow the instructions and check all spellings and email addresses before submitting this form, as it will affect their ability to log in and may cause a significant delay in their ability to access the data system. The email must be valid, legible, spelled correctly, and case-sensitive.