

## Illinois WIC Program Policy Practice Standards (PPS)

### WIC MIS User Request Action 1: Creating IDs

July 2022

Policy Practice Standards (PPS) assist staff in translating policy into practice. This guidance is intended to be used with the Illinois WIC Policy Manual; Administration section 2.7 to ensure new users have appropriate access to the WIC MIS (I-WIC).

Submit all WIC MIS user access communications and questions to [DHS.WIC.MISAccess@Illinois.gov](mailto:DHS.WIC.MISAccess@Illinois.gov) and copy your Regional Nutritionist Consultant.

### **Action 1: WIC MIS User Request: Creating IDs**

**All steps in this document MUST be completed to request WIC MIS access.**

Step 1. Creating an External Illinois.gov ID

Step 2. Complete the IL444-2022 Community Provider/External User ID and System Access Request form.

Step 3. Form Submission

### **Step 1. Creating an External Illinois.gov ID**

Each WIC staff person from your agency, who needs access to the WIC MIS, will first need to obtain an external ID at the DoIT Identity Management website. This is a self-service account management system that allows users to create an Illinois.gov ID and/or reset their account password. You will use the external ID (**Username**) and password you create through this process to log in to the WIC MIS System.

Only those with a valid Illinois driver's license can create an account through the DoIT website. Those without a valid Illinois driver's license will need to proceed with Step 2, for a User ID to be manually created by DoIT.

1. **Begin by going to:** <https://www2.illinois.gov/sites/doit/support/Pages/DoITIdentityManagement.aspx>
2. **Click on the third option on the page: Create Illinois.gov Account.**

The screenshot shows the 'DoIT Identity Management' website. At the top, there is a navigation bar with 'Home' and 'Support' links. Below the navigation bar, the title 'DoIT Identity Management' is displayed. The main content area is titled 'Introduction' and 'Identity Management Options'. Under 'Identity Management Options', there are four links with corresponding icons: 'Account Recovery Options' (gear icon), 'Reset your Password or Unlock your Account' (lock icon), 'Create Illinois.gov Account' (person icon with a plus sign), and 'Identity Management FAQ' (question mark icon). The 'Create Illinois.gov Account' link is highlighted with a red rectangular box. The text for each link is as follows: 'Account Recovery Options' (Used to configure or change your password reset options. You will not be able to take advantage of self service password resets until these options are set.), 'Reset your Password or Unlock your Account' (Used if you forgot your password, or need to unlock your account, and have already configured your password reset options.), 'Create Illinois.gov Account' (If you do not already have an Account that is trusted by our systems, you can use this feature to create one for you.), and 'Identity Management FAQ' (Before calling for support, check out our Identity Management Frequently Asked Questions page for answers to common problems.).

3. Next, enter your work email address and wait for a confirmation email.

The screenshot shows a web page titled "DoIT Identity Management" with a dark blue header. Below the header, there is a navigation bar with "Home" and "Support" links. The main content area is white and contains a message box explaining the self-registration process. It states that users need to verify their email address by clicking a link sent to their inbox from `identityManagement@illinois.gov`. Below this message is a form titled "Email Address Verification" with two input fields: "Work Email Address" and "Confirm Address". At the bottom of the form are "Submit" and "Cancel" buttons.

Home ► Support

## DoIT Identity Management

In order to begin the self-registration process, we need to verify that you have a valid email address.

After filling in the form below and then clicking the 'Submit' button, a message should arrive in your inbox from

**identityManagement@illinois.gov**

containing an encoded link. Clicking that link will bring you back to this site to continue the registration process.

### Email Address Verification

Work Email Address:

Confirm Address:

4. Click on the link in the email you receive, you will be returned to the DoIT site where you can complete your self-registration form.

Note: employees who do not have an Illinois Driver's License are not eligible to register via this automated system.

5. Complete your self-registration form. Take the following precautions when filling out this form:

- A. The information you enter must match your Driver's License **exactly**. Entering anything incorrectly could cause your registration to fail.
- B. Do not add any prefixes or suffixes if they are not included on your Driver's License.
- C. Select 'No' for ACTIVE state Employee.
- D. When you complete this form, you will be asked to choose a password. **Save and safeguard this password!** You will need this password to log in to the WIC MIS system when you begin to access the system.

**Passwords must meet the following requirements:**

- I. Be a minimum of 8 characters, but no more than 12 characters
- II. Meet at least 3 of the 4 following items
  - i. At least one uppercase letter
  - ii. At least one lowercase letter
  - iii. At least one number
  - iv. At least one special character (ex: !, \$, #, %)

**Passwords must NOT:**

- I. Contain user's account name
- II. Contain more than 2 consecutive characters from the user's full name
- III. Be similar to previous passwords (i.e. only changing the password's ending)

\* Fields preceded by a red asterisk are required.

### Self-Registration Form

\*First Name:   
*Enter your first name exactly as it appears on your driver's license.*

\*Middle Name or Initial:   
*Enter your middle name or initial exactly as it appears on your driver's license.  
Leave blank if it is not on your driver's license.*

\*Last Name:   
*Enter your last name exactly as it appears on your driver's license.*

\*Suffix:   
*Enter your suffix (Jr., Sr., etc.) exactly as it appears on your driver's license.  
Leave blank if it is not on your driver's license.*

\*Driver's License Number:   
*Enter your 12 digit driver's license number (eg., 'A60012345678'); no spaces, dashes or other special characters are needed.*

\*Weight on License:   
*Enter your weight exactly as it appears on your driver's license. (For weight less than 100lbs, enter a leading zero; i.e., 098).*

\*Email Address:

\*Password:   
*Enter a password that conforms to the State of Illinois password requirements ([Click here for requirements](#)).*

\*Confirm Password:   
*Confirm your password. The two passwords must match exactly.*

\*ACTIVE state employee?   
*If you are an ACTIVE employee of the State of Illinois, select "Yes; otherwise, select "No."*

\*Company:   
*Enter your company name.*

6. After you have completed and submitted this form, you will get the following message:

### Congratulations!

You have successfully created an Illinois.gov Account

Please save this for your records

You have successfully completed the self-registration process and have created an Illinois.gov Account

Please visit the following site <http://id.illinois.gov> to configure your password recovery options for this account.

Your Username is:

The Domain you will select on the Web Authentication Portal is: General Public (Not employed by the State of Illinois) [ EXTERNAL ]  
Please print a copy of this page and retain for your records.

Refer to your agency guidelines for further instructions.

You will be given a username as well as a Domain to select when you log into the WIC MIS– this will be [EXTERNAL]. **Make sure you save and safeguard this confirmation and your password- you will not be able to log-In to the WIC MIS without it!**

## 7. After you have created your ID (Username):

- A. Return to: <https://www2.illinois.gov/sites/doiit/support/Pages/DoITIdentityManagement.aspx> and click on the first option: *Account Recovery Options*.
- B. Set up the options to allow you to unlock your account or reset your password should you forget it. If you don't set up this option with your current username and password, you will not be able to unlock your account later.

[Home](#) ▶ [Support](#)


## DoIT Identity Management


### Introduction


Welcome to DoIT Identity Management (DIM). DIM is a self-service account management system that allows users to create an Illinois.gov ID and/or reset their Active Directory or Mainframe RACF account password.


**Note:** This system is intended for personal user accounts only. Technician and Administrative accounts should not be registered.

### Identity Management Options

**Account Recovery Options**  
Used to configure or change your password reset options. You will not be able to take advantage of self service password resets until these options are set.

**Reset your Password or Unlock your Account**  
Used if you forgot your password, or need to unlock your account, and have already configured your password reset options.

**Create Illinois.gov Account**  
If you do not already have an Account that is trusted by our systems, you can use this feature to create one for you.

**Identity Management FAQ**  
Before calling for support, check out our Identity Management Frequently Asked Questions page for answers to common problems.



### You must complete Step 1 to proceed with Step 2.

If your Registration fails, contact your WIC Coordinator who will in turn email the WIC MIS Access program contact at [DHS.WIC.MISAccess@Illinois.gov](mailto:DHS.WIC.MISAccess@Illinois.gov) to assist with determining the issue.

## Step 2. Complete the IL444-2022 Community Provider/External I.D. and System Access Request Form.

The IL444-2022 form is used to provide DHS system access for a variety of programs, including WIC MIS. Therefore, completion of this form as described below is very important.

1. Open the **IL444-2022 IWIC System Access Prefilled** PDF on the Community Health Training Center Website (<https://www.springfieldul.org/sites/default/files/2021-11/IL444-2022IWICSystemAccessPrefilled.pdf>)  
Note: When completing this form, refer to the examples at the end of this document
2. **Under Action Requested**, verify the box for “System Access Only (ID Previously Assigned)” is checked
3. **Complete the Community Provider Information**
  - A. Enter FEIN No and Provider (Agency) Name.  
Note: If you are unsure of your FEIN No, contact your administrator or fiscal liaison.
  - B. Verify in the IGA/DSA field “I-WIC Contract Terms and Conditions” is filled in
  - C. Verify “NA” is filled in the Agency Number field and Medicaid ID number field.
4. **Complete the User Information.** All information to be provided is for the designated WIC MIS system user whose is requesting access to the WIC MIS system

Note: All fields in this section must be completed. The IDHS ID will be the external user I.D. (for example, [John.Doe](#)). If you do not have a valid IL driver's license, indicated "NO VALID DRIVER's LICENSE" in the address field, after the work address.

5. **Under the User System Access Requested**, verify "Other" and "IWIC" are filled in. After "IWIC" indicate the role that best describes the job duties the staff person will be performing. Only one role can be selected.

Role	Description
BF Peer Counselor	Breastfeeding Peer Counselor who does <i>not</i> also conduct frontline duties.
CPA	Staff responsible for nutrition services, including nutrition and breastfeeding counseling, referrals and follow up for high-risk participants.  <i>Note: DO NOT list CPA no MPF on the IL444-2022 form, this is only assigned during Action Item 3 until CPA has completed the MPF training.</i>
Frontline	Staff responsible for the clerical function related to WIC program services, including verifying identify, residence and income eligibility.
Frontline & Lab	Staff who performs frontline duties and enters lab data.
Frontline & PC	Breastfeeding Peer Counselor who also conducts frontline duties.
Program Coordinator	WIC Coordinator/Supervisor who needs administrative access (i.e. Access to reports, adding EBT Card inventory, Quality Assurance review, etc.) .
Program Coordinator/Certifier	WIC Coordinator/Supervisor who also conducts CPA duties.
WIC Scheduler	Staff who does centralized scheduling for the agency, including WIC appointments and does not conduct Frontline duties.

For more details on these roles, refer to the "Roles Permissions" report in the WIC MIS system. If you are unsure which role to assign or have questions about a role in the WIC MIS system, contact your Regional Nutritionist Consultant.

6. **New User must print name, sign, and date.** Electronic signature is acceptable.
7. **WIC Coordinator, immediate supervisor, or Agency Director must print, sign and date.** Electronic signature is acceptable.

### Step 3. Form Submission

- Form Review:** WIC Coordinators must review all forms to ensure they are completed correctly.
- Email [DHS.WIC.MISAccess@illinois.gov](mailto:DHS.WIC.MISAccess@illinois.gov) and copy your Regional Nutritionist Consultant.**
  - In the email, include the agency name and a list of all staff who completed forms. *Forms not completed correctly will be returned.*
- Success! You have now completed Action Item 1. Notification will be sent when you may begin Action Item 2.**

**Note:** Once a user ID is established for WIC MIS and there is a name and/or email change, you must contact [DHS.WIC.MISAccess@illinois.gov](mailto:DHS.WIC.MISAccess@illinois.gov).

## Changes to Staff Roles

If you need a staff role changed *permanently*, you must resubmit an IL444-2022 form to [DHS.WIC.MISAccess@illinois.gov](mailto:DHS.WIC.MISAccess@illinois.gov) and copy your Regional Nutritionist Consultant.

If you need a staff role changed *temporarily*, due to Separation of Duties (PPM AD 14.3) you must contact your Regional Nutritionist Consultant. Staff roles will be monitored by the Department and removed if unauthorized.

# IL444-2022 IWIC System Access Example- Signed



State of Illinois  
Department of Human Services - Office of Information Technology

## COMMUNITY PROVIDER / EXTERNAL USER I.D. AND SYSTEM ACCESS REQUEST

### Action Requested

Add User ☐ Security Administrator ☐ Delete User ID ☐ System Access Only (ID Previously Assigned) ☒

### Community Provider Information (Please Print)

FEIN No. (Required): 12345678 IGA/DSA No. (Required): IWIC Contract Terms & Conditions

Agency Number: NA Medicaid ID Number: NA

Provider Name (Required): Illinois State WIC Agency

### User Information

First Name: John Last Name: Doe

Full Work Address: 123 Main Street Springfield IL 62701

Work Email Address (must not be a shared email address): john.doe@illinois.gov

Work Telephone (and extension if applicable): 217-999-9999 IDHS ID, if already assigned: John.Doe

### User System Access Requested

☐ FTP ☐ Mobius View ☐ eRIN ☐ MedScreen  
☐ SIS On Line ☐ Cornerstone ☐ IES ☐ DMH Jail Link  
☐ FOID ☐ IDHS Provider Claims ☒ Other (specify): IWIC CPA

### To Be Completed for all Transactions Except "Delete User ID":

I understand that the use of the IDHS systems, software, programs, data, manuals, and facilities is intended for and may only be used for the purpose of accomplishing the official business of the Illinois Department of Human Services. I understand that Illinois statute and IDHS policy prohibit disclosure or discussion of any confidential IDHS information without proper written authorization. I understand that I am personally responsible for all usage under my User ID and I agree not to give my User ID or password to anyone. I further understand that system usage is logged and my access to use the system may be denied or revoked by IDHS.

John Doe

User Printed Name:

*John Doe*

User Signature:

Feb 27, 2020

Date:

### Approval Signatures (required)

Jane Smith

Community Provider / External Entity Executive Director Name (printed):

*Jane Smith*

Community Provider / External Entity Executive Director Signature:

Feb 27, 2020

Date:

Stephanie Bess

IDHS Program Approving Authority's Name (printed):

IDHS Program Approving Authority's Signature:

Date:



## IL444-2022 IWIC System Access- No Illinois Driver's License Example- Signed



State of Illinois  
Department of Human Services - Office of Information Technology

### COMMUNITY PROVIDER / EXTERNAL USER I.D. AND SYSTEM ACCESS REQUEST

#### Action Requested

Add User ☐ Security Administrator ☐ Delete User ID ☐ System Access Only (ID Previously Assigned) ☒

#### Community Provider Information (Please Print)

FEIN No. (Required): 12345678 IGA/DSA No. (Required): IWIC Contract Terms & Conditions  
Agency Number: NA Medicaid ID Number: NA  
Provider Name (Required): Illinois State WIC Agency

#### User Information

First Name: Marissa Last Name: Ashbaugh  
Full Work Address: 123 Main St, Springfield IL 62701 \*NO VALID ILLINOIS DRIVERS LICENSE\*  
Work Email Address (must not be a shared email address): marissa.ashbaugh@illinois.gov  
Work Telephone (and extension if applicable): 217-999-9999 IDHS ID, if already assigned:

#### User System Access Requested

☐ FTP ☐ Mobius View ☐ eRIN ☐ MedScreen  
☐ SIS On Line ☐ Cornerstone ☐ IES ☐ DMH Jail Link  
☐ FOID ☐ IDHS Provider Claims ☒ Other (specify): IWIC CPA

#### To Be Completed for all Transactions Except "Delete User ID":

I understand that the use of the IDHS systems, software, programs, data, manuals, and facilities is intended for and may only be used for the purpose of accomplishing the official business of the Illinois Department of Human Services. I understand that Illinois statute and IDHS policy prohibit disclosure or discussion of any confidential IDHS information without proper written authorization. I understand that I am personally responsible for all usage under my User ID and I agree not to give my User ID or password to anyone. I further understand that system usage is logged and my access to use the system may be denied or revoked by IDHS.

Marissa Ashbaugh

User Printed Name:

Marissa Ashbaugh

Digitally signed by Marissa Ashbaugh  
Date: 2022.04.29 10:45:55 -05'00'

User Signature:

Date:

#### Approval Signatures (required)

Emily Foss

Community Provider / External Entity Executive Director Name (printed):

Emily Foss, MS, RD, LD

Digitally signed by Emily Foss, MS, RD, LD  
Date: 2022.04.29 13:59:55 -05'00'

Community Provider / External Entity Executive Director Signature:

Date:

IDHS Program Approving Authority's Name (printed):

IDHS Program Approving Authority's Signature:

Date: