

**Illinois WIC Program Policy Practice Standards (PPS)**  
**WIC MIS User Request Action 4 Terminating Access**  
**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 users are made inactive and terminated from WIC MIS (I-WIC), on the last day of employment.

**Action Item 4: Terminating Access**

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

Step 1. Terminating User in WIC MIS

Step 2. Complete and Submit IL444-2022 to terminate WIC MIS access

**Step 1. Terminating User in WIC MIS**

1. In the ADMIN module, access the **Staff Information** screen located under the **User Setup** jellybean.
2. Select the terminated user from the **Staff Members** dropdown list, then click the **Go** button.
3. The screen will refresh displaying the user's first and last name, with a User Status of Active.
4. Change the **User Status** to **Inactive**.
5. Click the **Save** button to save the changes.

**Step 2. Complete and Submit IL444-2022 to terminate WIC MIS access**

1. Open the **IL444-2022 IWIC System Access Prefilled- Delete User** PDF on the Community Health Training Center Website (<https://www.springfieldul.org/sites/default/files/2021-11/IL444-2022IWICSystemAccessPrefilledDeleteUser.pdf>)

Note: When completing this form, refer to the example at the end of this document

2. **Under Action Requested**, verify the box for "Delete User ID" 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 user whose access is being terminated.  
Note: All fields in this section must be completed. The IDHS ID will be the external user I.D. (for example, [John.Doe](#)).
5. **Under the User System Access Requested**, verify "Other" and "IWIC" are filled in. Provide the user's role, if known.
6. **WIC Coordinator, immediate supervisor, or Agency Director must print, sign and date. Electronic signature is acceptable.**  
Note: When terminating WIC MIS Access, the User Signature is NOT required.
7. **Submit** the completed form to [DHS.WIC.MISAccess@illinois.gov](mailto:DHS.WIC.MISAccess@illinois.gov) and copy your Regional Nutritionist Consultant.

## IL444-2022 I WIC System Access Example Delete User- 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 St, 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.

User Printed Name:

User Signature:

Date:

#### Approval Signatures (required)

Marissa Ashbaugh

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

Marissa Ashbaugh

Digitally signed by Marissa Ashbaugh  
Date: 2022.04.20 08:53:03 -05'00'

Community Provider / External Entity Executive Director Signature:

Date:

Stephanie Bess

IDHS Program Approving Authority's Name (printed):

IDHS Program Approving Authority's Signature:

Date: