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):

Community Provider / External Entity Executive Director Signature: Date:

IDHS Program Approving Authority's Name (printed):

IDHS Program Approving Authority's Signature: Date:

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

## Instructions for Completion

**Action Requested:** Select the type of request

- **Add User** - requests an New user be assigned an IDHS user ID for access IDHS program/application,data, system, or other IT resource.
- **Delete User** - requests an IDHS user ID be deleted and unable access IDHS program/application,data, system, or other IT resource.
- **System Access Only** - requests access be granted to IDHS program/application,data, system, or other IT resource.

**Community Provider Information:**

- **FEIN NUMBER**: Input the Agency FEIN; this field is **Required** for an ID to be assigned.
- **IGA/DSA Number**: Input the Intergovernmental/Data Sharing Agreement (IGA/DSA) Number that permits access to IDHS systems, data, and applications.
    - Check with your Organization/Agency or contact the IDHS program area (i.e. DMH, FCS) to provide you this information. An IGA/DSA must be on file for an ID to be issued
- **Agency Number**: For use by E-Cornerstone users only.
- **Medicaid I.D.N**umber:
- **Provider Name**: This is a **Required** field for an ID to be assigned.

**User Information:** Of the individual to whom the ID will be assigned, deleted, or system access provided.

- **Full Work Address**: The work location of the owner of the ID.
- **Work Email Address**: This must be an individual ID used only by the owner of the ID.
    - **User IDs and Passwords cannot be shared per State and IDHS policy, as well as Federal program regulations.**
- **Work Telephone**: Include extension if applicable.
- **IDHS ID**: Used for System Access Only, include user's current IDHS ID. Otherwise, leave field

**User System Access Requested:**

- **FTP** - File Transfer Protocol. Provides access to submit/retrieve applicable data files.
- **Mobius View** - Direct access allows the user on-line viewing of reports generated by the IDHS Provider Claims Section. Access restricted to reports for the community provider entered.
- **e-RIN** - Provides access to request RIN assignments for individuals receiving service from the communi provider.
- **MedScreen** - Provides access to utilize the Department of Mental Health (DMH) Medicaid Screening Tool
- **SIS On-line** - Provides access to the DMH On-line System.
- **Cornerstone** - Provides access to the various programs included in the Cornerstone system.
- **IES:** Provides access to the Integrated Eligibility System
- **DMH Jail Link** - Provides access to cross-match information between DMH and jail facilities.
- **FOID**: Provides access to utilize the IDHS On-line FOID System. Approving Authority: OCAPS
- **IDHS Provider Claims**: Provides access to only those reports the community provider entered.

**User Signature and Date:** Signing the form indicates user agrees to abide by the conditions outlined in the security disclosure statement.

**Approval Signature Section:**

All requests **must be signed by the Community Provider/External Entity Executive Director and IDHS Program Area Approving Authorities.** IDHS program areas have access to the complete list of IDHS Approving Authorities.