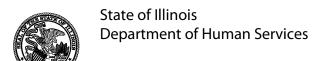State of Illinois
Department of Human Services

FOID Provider User ID and System Access Request

Action Requested

○ Add New User ID   ○ Delete User ID   ○ System Access Only-User ID Previously Assigned

Community Provider Information (Please Print)

Medicaid I.D. #: _____   FEIN #: _____

Provider Name: _____

User Information

Last Name: _____   First Name: _____

Full Work Address: _____

Work e-Mail Address: _____

Work Telephone: _____   DHS ID, if assigned: _____

User System Access Requested

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 Signature: _____   Date: _____

Approval Signatures (required)

Provider Executive Director: _____   Date: _____

OCAPS Authorization: _____   Date: _____

To Be Completed by IDHS/MIS/BSPQA

BSPQA Coordinator: _____   Date: _____

FOID Provider User ID and System Access Request

Instructions for Completion

An accurately completed request form describes your specific needs and helps facilitate the processing of your request in a more efficient and timely manner.

Action Requested:

Select the type of request:

Add New User ID - requests a DHS user ID be assigned to an individual not having such an ID

Delete User ID - requests a DHS user ID be removed from accessing the provider's information

System Access Only - requests authority be granted for access to provider's information to a user processing a current DHS User ID

Community Provider Information

Enter the information for the community provider.

User Information

Enter the information for the individual requesting a User ID.

User System Access Requested:

FOID - access allows the user to utilize the DHS on-line FOID system.

User Signature and Date:

Signing the form indicates the user agrees to abide by the conditions outlined in the security disclosure statement

Approval Signature Section:

All requests must be signed by the Provider Executive Director and an authorized individual within DHS. MIS SPQA has been provided a complete list of all individuals within DHS authorized to approve access. All requests are checked against this list before being processed.

To Be Completed by IDHS/MIS/Bureau of Security, Planning and Quality Assurance (SPQA):

This area will be completed by MIS SPQA once the request has been processed. Leave this area blank.