

**Illinois Department of Human Services
Management Information Services - Provider Claims Section
Community Provider User ID and System Access Request**

ACTION REQUESTED

<input type="checkbox"/> Add New User ID	<input type="checkbox"/> Delete User ID	<input type="checkbox"/> System Access Only <i>(User ID Previously Assigned)</i>
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COMMUNITY PROVIDER INFORMATION *(Please Print)*

Provider FEIN (9 digits):	Provider Satellite (2 digits): <i>(if applicable)</i>
Provider Name:	

USER INFORMATION: *(Please Print)*

Last Name:	First Name:
Work Address: <i>(Street, City, State, Zip Code)</i>	
e-Mail Address:	
Telephone:	DHS User ID:

SYSTEM ACCESS REQUESTED:

<input type="checkbox"/> Mobius - DASA Reports	<input type="checkbox"/> Mobius - DMH Reports	<input type="checkbox"/> eRIN
<input type="checkbox"/> Mobius - DDD Reports	<input type="checkbox"/> FTP Transmissions	Other:

TO BE COMPLETED FOR ALL ACTIONS EXCEPT "DELETE USER ID"

I understand that the use of the IDHS Provider Claims 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 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 share 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
MH/DD/ASA Authorization	Date

TO BE COMPLETED BY DHS/MIS/BSPQA

BSPQA Coordinator	Date
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Community Provider User ID and System Access Request Completion Instructions

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 desired type of request.

- 0 **Add New User ID** requests a DHS User ID be assigned to the individual.
- 0 **Delete User ID** requests a DHS User ID be removed from accessing the provider's information.
- 0 **System Access Only** requests authority be granted for access to the provider's information to a user possessing a current DHS User ID.

COMMUNITY PROVIDER INFORMATION

Enter the information for the community provider. **Note:** Provider Satellite is a two-digit satellite code assigned by DHS Region/Central Office personnel to your location. Entry of this code is uncommon.

USER INFORMATION

Enter the information for the individual requesting a DHS User ID. **Note:** If a DHS User ID has been previously assigned to the individual, enter the DHS User ID, otherwise leave this area blank.

SYSTEM ACCESS REQUESTED

Select the DHS systems for which the user needs access or specify other system (i.e., JailLink, etc).

USER SIGNATURE AND DATE

The user's signature indicates he/she agrees to abide by the conditions outlined in the security disclosure statement. Note: User IDs are not to be shared between individuals.

APPROVAL SIGNATURE SECTION

All requests must be approved and signed by the Provider Executive Director and an authorized individual within DHS. A list of DHS individuals authorized to approve and sign requests has been provided to the MIS Bureau of Security, Planning, and Quality Assurance. All requests are checked against this list before being processed.

TO BE COMPLETED BY DHS/MIS/BSPQA

This area will be completed by the MIS Bureau of Security, Planning, and Quality Assurance once the request has been processed. Leave this area blank.