

DHS Systems Security Access Request (v. 06/22/2011) DHS Employees

For HELP in completing this form, call 501-320-3911.

INSTRUCTIONS: For use by DHS Employees only. See Page 4.

ROUTING: Scan the document as a PDF and submit at [https://dhsshare.arkansas.gov/Security/Lists/DHS3595002 Submission/NewForm.aspx](https://dhsshare.arkansas.gov/Security/Lists/DHS3595002%20Submission/NewForm.aspx)

User's Supervisor or Unit Manager is responsible for completion, accuracy and authorization of DHS-359. Incomplete forms or forms containing invalid information will be rejected and will need to be corrected.

TYPE:	<input type="checkbox"/> NEW USER	<input type="checkbox"/> CHANGE USER	<input type="checkbox"/> DELETE USER
	<input type="checkbox"/> New network account	<input type="checkbox"/> Location Change – Specify old location:	
	<input type="checkbox"/> New email account	<input type="checkbox"/> Department Change – Specify old Dept.:	
	Hire Date:	<input type="checkbox"/> Name Change – Specify old name:	Effective Date:
		<input type="checkbox"/> Interdivision Access (must have appropriate ADAM sign)	
		<input type="checkbox"/> Other Change – Specify:	

A. USER IDENTIFICATION

* Indicates required entries. Incomplete forms will be returned.

DHS Employees Only:

* AASIS #:	* Full SSN (if no AASIS # yet):	* Last 4 Digits SSN:
* AASIS First Name:	* AASIS Middle Name:	* AASIS Last Name:
* Functional Job Title:		
* EMAIL NAME of Supervisor who completes your Performance Evaluation:		

Location & Contact Information: (You will receive Basic Shares and Access for the division you specify)

* DHS Division you work for:		
* Your Location: (County Office/Institution/Facility/Building Name)		
* Your Work Contact Phone:	Ext:	* Contact Days/Hours:
* Mail Slot:		Fax:
* Email Address (only if not requesting a DHS email account)t:		

* **GEOGRAPHIC ACCESS:** List County Offices or Facilities for which user requires access.

* **ACCESS HOURS:** If access is required after normal business hours (8:00am – 4:30pm), describe requirements.

B. SPECIAL SERVICE REQUEST:

Please list any special mapped shares that will be required by this users in the space below (if this is an interdepartmental share you must have that ADAM's signature on page 3...if this area is left blank then user will get default shares for the division and location provided in section A)

Continued Next Page

C. SERVICE REQUEST:

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OTHER NETWORK SERVICES: DHS Portal Access RDC access Imaging system (Edoctus) -- Specify any access restrictions:**MAINFRAME LOGON & MAINFRAME APPLICATIONS:** Check application(s) to which user needs access Mainframe Logon Access (CICS)

Changes: Your current Mainframe User ID

 DDS Mainframe DDS Pharmacy Legal Services Overpayments

DCO: Access needed for these applications

 ACES FACTS WISE

DCO: User works with these programs

 FS TEA Medicaid Med Waiver LTC Foster Care

DCO: Indicate User's Functional Job Title and what level of access needed

SYSTEM APPLICATIONS: For questions contact your Division's systems coordinator.**APPLICATION SPECIFIC INFORMATION:** These DHS Applications require additional information, as indicated. IRIS (Incident Reporting Information System) Job Title: ANSWER User – Check one: Worker New Worker Service Manager Inquiry Limited Inquiry

ANSWER User – User's Functional Job Title:

ANSWER User – Check one:

Assign Tasks: Yes No

ANSWER User – Check for access

 EPPIC (EBT) FRMS ASH – Select all that apply: ACUITY ESSENTIA Clinician Code

ASH:

Degree:

Hire Date:

 CHRIS

User's Employment Date:

User's Education Level:

Position Title:

 SOLQ

Date of ASP Criminal Background Check:

Location of CBC Report:

 Vital Records

Date of ASP Criminal Background Check:

Location of CBC Report:

 KidCare UCD Other Applications

Specify application name:

ACCESS ARKANSAS TEMPLATES: Add / Remove

ROL_AccessArkansas_DCOUserSupervisor

 Add / Remove

ROL_AccessArkansas_DCOUserCaseWorker

 Add / Remove

ROL_AccessArkansas_DCOUserClerical

 Add / Remove

ROL_AccessArkansas_DCCECEUserSupervisor

 Add / Remove

ROL_AccessArkansas_DCCECEUserCaseWorker

 Add / Remove

ROL_AccessArkansas_DCCECEUserClerical

 Add / Remove

ROL_AccessArkansas_DriversLicenseSrv

DATA WAREHOUSE TEMPLATES: Add / Remove

ROL_EDWMGRAppUser

 Add / Remove

ROL_EDWDOVAppUser

 Add / Remove

ROL_EDWDAASAppUser

 Add / Remove

ROL_EDWDSBAppUser

 Add / Remove

ROL_EDWDBHSAppUser

 Add / Remove

ROL_EDWDYSAppUser

 Add / Remove

ROL_EDWDCCECEAppUser

 Add / Remove

ROL_EDWOFAppUser

 Add / Remove

ROL_EDWDCFSAppUser

 Add / Remove

ROL_EDWOPAppUser

 Add / Remove

ROL_EDWDCOAppUser

 Add / Remove

ROL_EDWQAAAppUser

 Add / Remove

ROL_EDWDDSAppUser

 Add / Remove

ROL_EDWQAAAppUser

 Add / Remove

ROL_EDWDMSAppUser

 Add / Remove

ROL_EDWAppSuperUser

Additional Comments (if any action necessary is not listed anywhere on the previous pages which would help us set up appropriate access and permissions, please list here) **PLEASE BE SPECIFIC:****Continued Next Page**

D.1. USER's Signature * Indicates Required Entries

YOUR RESPONSIBILITIES:

By signing below, you attest that the information you have provided is true and correct. Both criminal and civil penalties as well as employee disciplinary actions may be applied for misrepresentations or inaccuracies.

Carefully read the details of Security Agreement and Confidentiality Statement below to be sure you understand your responsibilities

USER's CERTIFICATION:

I certify that I have read, understand and agree to the terms in Section E, Security Agreement & Confidentiality Statement detailed, on Page 3&4 of this form.

* User's Signature:	* Date:
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* Indicates Required Entries. Incomplete forms will be returned.

D.2. AUTHORIZED DHS APPROVING MANAGER'S (ADAM) Signature * Indicates Required Entries

ADAM's RESPONSIBILITIES:

By signing below, you attest that the information you have provided is true and correct. Both criminal and civil penalties as well as employee disciplinary actions may be applied for misrepresentations or inaccuracies. , Carefully read the details of this agreement (Page 3& 4), to be sure you understand your responsibilities.

ADAM's CERTIFICATION:

My signature, below, certifies that I have read, understand and agree to all terms of Section E, Security Agreement & Confidentiality Statement, detailed on Page 3&4 of this form.

* Indicates Required Entries. Incomplete forms will be returned.

* Authorized DHS Approving Manager's Signature:	* Date:
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* Authorized DHS Approving Manager's Printed Name:

* Authorized DHS Approving Manager's AASIS Number:	* Phone Number:
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A current list of ADAM's can be found here: <https://dhsshare.arkansas.gov/Security/Lists/ADAMS/AllItems.aspx>

E. Security Agreement and Confidentiality Statement

USER's and DHS APPROVING MANAGER's CERTIFICATION

Restricted Access:

The Department of Human Services (DHS), Office of Systems & Technology (OST), manages access to the DHS Information Systems Network. Access is restricted to use for official business purposes only. The DHS CIO may terminate any level of user access without notice. Access is contingent on the following: (1) provision of User identification information; (2) provision of identification validation upon request; (3) User certification of the Security Agreement and Confidentiality Statement; (4) Certification signatures of Contract Agent and DHS Approving Manager.

State of Arkansas Property:

The State of Arkansas holds a proprietary interest in all state-furnished computer equipment, approved software, and associated data. All such computer equipment, software, or data, is restricted to use by authorized persons for official business purposes only.

Appropriate Use & No Expectation of Privacy:

Users and Contractors accept responsibility for appropriate use of DHS Information Systems. Users' PCs, network activity, email, and internet usage may be monitored to detect improper use or illicit activity. User understands that User may hold to no expectation of privacy in the use of state-furnished computer equipment or DHS Information Systems. Improper or illicit usage will be investigated and reported to DHS management and law enforcement.

Password Protection Rules:

User and Contractors understand and agree to the following: (1) User ID and password allows access to DHS Information Systems; (2) User agrees to take all necessary measures to safeguard the security of the User ID and password; (3) User will not share passwords nor use them in a manner that compromises the security of DHS Information Systems; (4) User will be held accountable for any unauthorized use of User's password; (5) User shall immediately report any compromise of password security to dhs-it-security@arkansas.gov.

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Security Agreement and Confidentiality Statement, Continued...

Confidentiality Rules:

User and Contractor understand it is a violation of state and federal law to use, or to permit the use, or to fail to safeguard the security of client information in any way that jeopardizes its confidentiality. User and Contractor are subject to DHS policies pertaining to the safeguarding of sensitive information; appropriate use of state equipment and the use of electronic communication services. User understands that he/she is subject to all related penalties provided for by DHS policy and state and federal law. Penalties may be applied for unauthorized access or unofficial use, including civil and/or criminal prosecution and all remedies available to DHS.

Training Requirements:

User and DHS Approving Manager understand DHS Information Systems Security training must be completed for continued access to DHS Network services. DHS employees must complete training within 5 business days after acquiring access and complete refresher training annually.

AUTHORIZED DHS APPROVING MANAGER'S CERTIFICATION

My signature certifies that I am a DHS manager and I am authorized by the DHS Division with which I am affiliated to approve this request for access to DHS Information Systems. I certify that I have checked with each department POC concerning the access to file shares to which the user is requesting access. The User, for whom this request is made, has been verified to be a DHS employee in good standing and who has an assigned (or has applied for) AASIS Personnel Number. I certify that this User has provided accurate identifying information in this request and that this User has a legitimate and official purpose for accessing the DHS Information Systems. This User has been apprised of DHS policies pertaining to the appropriate use of state equipment and DHS Information Systems, pertaining to the safeguarding of private information, and has received required DHS Information Systems Security training and HIPAA Privacy training. I agree to immediately notify OST of any material change in this User's employment status that relates to access to DHS Information systems.

INSTRUCTIONS

PURPOSE: This form may be used to request access to the DHS Network and DHS Information Systems. This version may be used only for DHS Employees (and new DHS Employees) – Non-DHS persons needing access must complete form DHS 5002.

ASSISTANCE: For help in completing this form call 501-320-3911.

COMMENTS and ANNOTATIONS: Comment and annotate freely on this form to help communicate User access needs.

Electronic completion: This form is not intended for electronic completion or emailing.

Routing: FAX completed form to DHS Systems Security Gateway: 501-682-0529

Password/Logon Problems: Call DIS CallCenter PH: 501-682-HELP, or 1-800-435-7989, or Email DIS.CallCenter@arkansas.gov. Arkansas Dept of Health (ADH) network users ONLY: Call PH: 501-280-4357, or 1-800-441-9232.

ADAM Instructions:

User defined: Person who has been duly authorized to have access to DHS Information Systems
ADAM is the acronym for Authorized DHS Approving Manager. An ADAM is a DHS manager who has been authorized by the Division, with which he/she is affiliated, to approve requests for security access to DHS Network Services and DHS applications. Questions about designation of ADAMs may be directed to the DHS Office of Systems & Technology. A current list of ADAM's can be found here:

<https://dhsshare.arkansas.gov/Security/Lists/ADAMS/AllItems.aspx>

Required Fields: Fields marked with the symbol * are required. Forms submitted without these fields completed will be rejected. Rejected forms increase processing time and may result in a delay of providing the requested access.