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: Jane Last Name: Smith

Full Work Address: 123 Main St Springfield IL 62701

Work Email Address (must not be a shared email address): jane.smith@illinois.gov

Work Telephone (and extension if applicable): 217-999-9999 IDHS ID, if already assigned:

No Valid Illinois Drivers License

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.

Jane Smith
User Printed Name:

Jane Smith
User Signature:

Feb 27, 2020
Date:

Approval Signatures (required)

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

John Doe
Community Provider / External Entity Executive Director Signature:

Feb 27, 2020
Date:

Stephanie Bess
IDHS Program Approving Authority's Name (printed):

IDHS Program Approving Authority's Signature:

Date: