



**Delaware Health and Social Services
Division of Management Services**

**Information Resource Management
Biggs Data Center**
1901 N. DuPont Highway
New Castle, DE 19720
302-255- 9150 Fax 302-661-7213

**DHSS Systems
User Request Form**

From: New Employee or Transferring Employee To:
 Department: _____ Department: _____
 Division: _____ Division: _____
 Unit/Section: _____ Unit/Section: _____
 Employee Type: Merit Other External Vendor

User Add User Change User Delete Mainframe ID: _____ Effective Date: [Click here to enter a date.](#)

User name (Last, First): _____ User signature: _____ Date: _____
 Title: _____ Agency/Dept Name: _____ (Company, i.e., DHSS) Division: _____ Location Name/Office #: _____
 User State E-mail: _____ Phone #: _____ Fax #: _____
 Vendor Email: _____

USER STATEMENT: I Certify that I will not access, use, or disclose any information available or acquired from the Department of Health and Social Services systems, except for purposes directly related to my job responsibilities. I have read and agree to adhere to the Dept. of Technology & Information (DTI) Acceptable Use Policy and the IRM Organizational Policy. I have signed and understand the DHSS User Non-Disclosure Agreement. A copy of the signed agreement is attached.

State Manager's e-mail address: _____
 State Manager's name: _____ State Manager's signature _____ Date _____

<input type="checkbox"/> State network	<input type="checkbox"/> DDDS Client Registry	<input type="checkbox"/> MTRV	<input checked="" type="checkbox"/> SSL/VPN	Request DPH systems: Select DPH system Select DPH system Select DPH system Select DPH system Select DPH system Select DPH system <input checked="" type="checkbox"/> Other (list below) _____ _____ _____
<input type="checkbox"/> <i>Without e-mail</i>	<input type="checkbox"/> DECSS	(requires additional paperwork)	(Be as specific as possible)	
<input type="checkbox"/> AAF	<input type="checkbox"/> DELJIS (WP Mainframe)	<input type="checkbox"/> OAS	If RDP, select a key fob type from drop down	
<input type="checkbox"/> AAR	<input type="checkbox"/> DHSS Cares	<input type="checkbox"/> OASYS	Click to select FOB	
<input type="checkbox"/> ADL	<input type="checkbox"/> DIS	<input type="checkbox"/> Offender Re-Entry	IP: _____	
<input type="checkbox"/> ADRC	(requires additional paperwork)	<input type="checkbox"/> Ombudsman	Access: _____	
<input type="checkbox"/> ADRP	<input type="checkbox"/> DOLP (WP Mainframe)	<input type="checkbox"/> PMIS	IP: _____	
<input type="checkbox"/> Application Tracking	<input type="checkbox"/> EBT	<input type="checkbox"/> RPTS	Access: _____	
<input type="checkbox"/> Aspen/ACTS	<input type="checkbox"/> FAC	<input type="checkbox"/> Sharepoint	IP: _____	
<input type="checkbox"/> BizTalk	<input type="checkbox"/> Helpdesk	(requires additional paperwork)	Access: _____	
(requires additional paperwork)	<input type="checkbox"/> HRMS/LT/TAS	<input type="checkbox"/> SBI	IP: _____	
<input type="checkbox"/> CAPS	(requires additional paperwork)	<input type="checkbox"/> TAP/LTC	Access: _____	
<input type="checkbox"/> Casper/MDS	<input type="checkbox"/> ICAT	<input type="checkbox"/> TASC	<input type="checkbox"/> SFTP (be as specific as possible)	
<input type="checkbox"/> CATS	<input type="checkbox"/> Incident Tracking	<input type="checkbox"/> TFS	Access: _____	
<input type="checkbox"/> CBC	<input type="checkbox"/> IRC	(requires additional paperwork)	Access: _____	
<input type="checkbox"/> CCT	<input type="checkbox"/> JICP (WP Mainframe)	<input type="checkbox"/> VICR	Access: _____	
<input type="checkbox"/> CMS	<input type="checkbox"/> KRONOS	<input type="checkbox"/> VOLTRAX	Access: _____	
<input type="checkbox"/> Computrition	<input type="checkbox"/> LCS			
<input type="checkbox"/> Corticon	<input type="checkbox"/> LIHEAP			
<input type="checkbox"/> Damart (select apps below)	<input type="checkbox"/> MISC (WP Mainframe)	EIAM Single Sign-On	<input type="checkbox"/> DHSS CSG (apps domain)	
Select Damart app	(for Document Direct)	<input type="checkbox"/> ASSIST Worker Web	<input type="checkbox"/> Employee Badge / Key Card	
Select Damart app	<input type="checkbox"/> MIRS	<input type="checkbox"/> FORCES		
Select Damart app	(requires additional paperwork)	<input type="checkbox"/> MCI Verification (DSAMH only)	<input type="checkbox"/> DPH Citrix	
Select Damart app	<input type="checkbox"/> MMIS	<input type="checkbox"/> MCI-Web-Prod	(for certain DPH systems only)	
Select Damart app	<input type="checkbox"/> MTM	<input type="checkbox"/> POC		
Select Damart app		<input type="checkbox"/> PSS		

Instructions for completing this form can be found [clicking here.](#)