

Department of Human Services
Division of Services for People with Disabilities
DSPD STATE EMPLOYEE USTEPS ACCESS REQUEST FORM

Form 0-1
08-1-2016

Individual User Name: _____
(Please Print) First Name Middle Initial Last Name

User Telephone: () _____ **User Utah ID Email:** _____

Employee EIN: _____ **Employee Job Title:** _____ **Employee Office:** _____

STATEMENT OF UNDERSTANDING

I understand access to USTEPS is for my exclusive use as a DSPD employee of the State of Utah. I understand this access is controlled by my password. I accept responsibility for maintaining the secrecy of my password and for protecting the confidentiality of the information in USTEPS in accordance with the State of Utah Department of Human Services **Appropriate Use of Information Technology Resources*** and the Code of Conduct with the Department of Human Services and the Division of Services for People with Disabilities. I understand any breach of this policy may result in corrective action. I am responsible for notifying the Division of Services for People with Disabilities (DSPD) in writing of changes made to the user email address or my employment status with DSPD.

(*Reference: <http://www.hspolicy.utah.gov/> 6-Technology, 6-4 Appropriate IT use & 6-4A Addendum to Appropriate IT use.)

Initial:

User Signature: _____ **Date:** _____

Employee Supervisor Signature: _____ **Date:** _____

Employee Supervisor Name: (please print) _____

Requested USTEPS Functionality (check all that apply)

<input type="checkbox"/> QIDP	<input type="checkbox"/> DSPD Employee	<input type="checkbox"/> SIS	<input type="checkbox"/> ABISC	<input type="checkbox"/> Budget Coordinator	<input type="checkbox"/> FMAP	<input type="checkbox"/> UPI
<input type="checkbox"/> System Administrator	<input type="checkbox"/> Advan. Search (Create PID)	<input type="checkbox"/> SSN (exposing SSN)		<input type="checkbox"/> UPI - Financial	<input type="checkbox"/> UPI-Approve 1056	
<input type="checkbox"/> Payment Tech 520	<input type="checkbox"/> UPI-IR (state employee)	<input type="checkbox"/> UPI-IR (admin team only)		<input type="checkbox"/> UPI-IR (admin read only)	<input type="checkbox"/> UPI-Request for Services	
<input type="checkbox"/> Payment Tech Emergency	<input type="checkbox"/> Provider Approval Creation	<input type="checkbox"/> Team Leader		<input type="checkbox"/> PD Eligibility (PD Nurse)	<input type="checkbox"/> Electronic Documents	
<input type="checkbox"/> RFS Super User	<input type="checkbox"/> Request for Services (RFS)	<input type="checkbox"/> RFS Initial Committee group	<input type="checkbox"/> admin	<input type="checkbox"/> RFS Physical Disabilities group	<input type="checkbox"/> RFS Committee group	<input type="checkbox"/> admin

Email completed form to usteps@utah.gov or Fax to USTEPS @ (801) 538-4279 - Subject Line: USTEPS Access

-- For Office Use Only --

ADMINISTRATIVE APPROVAL

I have reviewed the above application request and approve access to the following USTEPS roles:

QIDP Signature: _____ Date: _____

SIS Signature: _____ Date: _____

ABISC Signature: _____ Date: _____

QIDP	SIS	Provider Approval Creation	UPI-IR (admin team only)	Request for Services
<input type="checkbox"/> Role_QMRP	<input type="checkbox"/> Role_SIS	<input type="checkbox"/> Role_Provider_Approval	<input type="checkbox"/> Role_IR_Closure	<input type="checkbox"/> Role_RFS
<input type="checkbox"/> Role_Elig_MRRRC	ABISC	Electronic Documents	<input type="checkbox"/> Role_IR_Investigation	RFS Initial Committee(g)
<input type="checkbox"/> Role_Pay_Approval_1	<input type="checkbox"/> Role_ABISC	<input type="checkbox"/> Role_Archive	<input type="checkbox"/> Role_IR_Create	<input type="checkbox"/> Role_RFS_Init
<input type="checkbox"/> Role_Incident_Report	<input type="checkbox"/> Role_Elig_ABI	Advan. Search (Create PID)	<input type="checkbox"/> Role_SC_Follow_Up	RFS Initial Committee(a)
<input type="checkbox"/> Role_IR_Investigation	Payment Tech Emergency	<input type="checkbox"/> Role_Advanced_Search	<input type="checkbox"/> Role_IR_Admin_Team	<input type="checkbox"/> Role_RFS_Init_Assign
<input type="checkbox"/> Role_IR_Create	<input type="checkbox"/> Role_Pay_Emergency	SSN (exposing SSN)	<input type="checkbox"/> Role_IR_Admin_Read	RFS Phys. Disabilities (g)
<input type="checkbox"/> Role_SC_Follow_Up	PD Eligibility (PD Nurse)	<input type="checkbox"/> Role_SSN	UPI-IR (admin read only)	<input type="checkbox"/> Role_RFS_PD
<input type="checkbox"/> Role_IR_Read_Only	<input type="checkbox"/> Role_QMRP	UPI	<input type="checkbox"/> Role_IR_Investigation	RFS Phys. Disabilities (a)
Payment Tech 520	<input type="checkbox"/> Role_Elig_PD	<input type="checkbox"/> Role_USTEPS_UPI	<input type="checkbox"/> Role_IR_Create	<input type="checkbox"/> Role_RFS_PD_Assign
<input type="checkbox"/> Role_Pay_Approval_2	Budget Coordinator	<input type="checkbox"/> Role_DSPD_UPI	<input type="checkbox"/> Role_SC_Follow_Up	RFS Committee (g)
<input type="checkbox"/> Role_Pay_Create	<input type="checkbox"/> Role_Budget_Coord	UPI Financial	<input type="checkbox"/> Role_IR_Read_Only	<input type="checkbox"/> Role_RFS_Comm
Team Leader	FMAP	<input type="checkbox"/> Role_Financial	<input type="checkbox"/> Role_IR_Admin_Read	RFS Committee (a)
<input type="checkbox"/> Role_Supervisor	<input type="checkbox"/> Role_FMAP	UPI IR (state employee)	UPI-Request for Services	<input type="checkbox"/> Role_RFS_Comm_Assign
DSPD Employee	System Administrator	<input type="checkbox"/> Role_IR_Read_Only	<input type="checkbox"/> ROLE_RFS	RFS Super User
<input type="checkbox"/> Role_CW	<input type="checkbox"/> Role_Admin	UPI-Approve 1056		<input type="checkbox"/> Role_RFS_SU
		<input type="checkbox"/> Role_1056_Approval		

USTEPS Team: _____ Activation _____ Date: _____ Validation (initial & date) _____

USTEPS Team: _____ Inactivation _____ Date: _____ Validation (initial & date) _____