

Department of Human Services
Division of Services for People with Disabilities
USTEPS Provider Interface (UPI)
INDIVIDUAL USER ACCESS REQUEST

Form 0-8
 8-1-2016

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

User Telephone: () _____

User Utah ID Email: _____
(User must register with State of Utah)

Provider Name: _____

Provider Type: Provider of Community Services Private Support Coordination Community Service Broker

Provider Site Address: _____

STATEMENT OF UNDERSTANDING

I understand access to USTEPS Provider Interface (UPI) is for my exclusive use as a contractor/contractor 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 information in UPI in accordance with the State of Utah Department of Human Services **Appropriate Use of Information Technology Resources*** and the Contract with the Department of Human Services. 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 in writing of any changes made to the user email address or my employment status with this provider company.

Initial:

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

User Signature: _____ **Date:** _____

Provider Representative Signature: _____ **Date:** _____

Provider Representative Name: (please print) _____
The contract owner is responsible for notifying the Division of Services for People with Disabilities in writing of changes made to the user's duties, company organization structure or employment status.

Requested User Functionality

UPI <small>(select all that apply)</small> <input type="checkbox"/> UPI (required) <input type="checkbox"/> UPI Approve 1056 <input type="checkbox"/> UPI Financial	Incident Reporting <small>(select only one)</small> <small>(Community Providers Only, No SCE Providers)</small> <input type="checkbox"/> Create and Read Only <input type="checkbox"/> Read Only	Request for Services <input type="checkbox"/> Role for Request for Services
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Email completed form to usteps@utah.gov or Fax to USTEPS @ (801) 538-4279 - Subject Line: UPI

-For Office Use Only-

ADMINISTRATIVE APPROVAL

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

UPI		
<input type="checkbox"/> UPI (required) - <input type="checkbox"/> UPI - Financial (optional) - <input type="checkbox"/> UPI-Approve 1056	<input type="checkbox"/> Role_UPI <input type="checkbox"/> Role_Financial <input type="checkbox"/> Role_1056_Approval	<input type="checkbox"/> Role_USTEPS_UPI (for USTEPS users only) <input type="checkbox"/> Request for Services <input type="checkbox"/> Role_RFS
Incident Reporting (Non-SCE Providers Only)		Request for Services
<input type="checkbox"/> IR Create and Read Only - <input type="checkbox"/> IR Read Only	<input type="checkbox"/> Role_IR_Create <input type="checkbox"/> Role_IR_Read_Only <input type="checkbox"/> Role_IR_Read_Only	

USTEPS Team: _____ **Activation** _____ **Date** **Validation (Initial & Date)**

USTEPS Team: _____ **Inactivation** _____ **Date** **Validation (Initial & Date)**