



Form 0-1 03/11/2025

DSPD State Employee USTEPS/UIP Access Request Form

User Name: First Name Middle Initial Last Name

User Telephone: User Utah ID Email:

Employee EIN: Employee Job Title:

STATEMENT OF UNDERSTANDING

I understand access to USTEPS and/or UPI is for my exclusive use as a DSPD employee. I understand access is controlled by my personal ID / Password login credentials in accompaniment with the user roles marked on this form. I understand the login credentials are exclusively for my personal use. I agree to keep my login credentials secure and protected against use or exploitation by anyone else. I agree to secure and protect the confidentiality of USTEPS's/UIP's data in accordance with the policies established by the Utah Department of Health and Human Services.

Initial: []

User Signature: _____

Date: _____

Supervisor's Name: _____

Supervisor's Signature: _____

Date: _____

REQUESTED USTEPS/UIP FUNCTIONALITY

Table with 4 columns of checkboxes and labels for various functionalities such as DSPD Employee, QIDP, ABISC, Request for Services, RFS Initial Committee, RFS Committee, Team Leader, UCANS, RFA Admin, FMAP, SAS Employee Maintenance, Substitute Address/Phone, Log Note Repository, UPI, UPI E-Pay, UPI Financial, UPI 1056, UPI RFS, UPI IR (AD RO), UPI IR (AD Team).

Email completed form to usteps@utah.gov

-- FOR DSPD STAFF ONLY --

ADMINISTRATIVE APPROVAL

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

[] QIDP Signature: _____

Date: _____

[] QIDP (Limited) Signature: _____

Date: _____

[] UCANS Signature: _____

Date: _____

[] ABISC Signature: _____

Date: _____

