Department of Human Services
Division of Services for People with Disabilities
UPI - USTEPS Provider Interface
INDIVIDUAL USER ACCESS REQUEST
Financial and/or Incident Reporting

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

Telephone#: ( ) _____ **User Email:** _____
(User must register this email with State of Utah)

Provider Name: _____ **Provider Caps ID:** _____

Provider Address: _____

Provider Type: ☐ Provider of Community Services   ☐ Private Support Coordination (SCE)   ☐ Community Service Broker

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 (select all that apply)		**Incident Reporting** (select only one) (Community Providers Only, No SCE Providers)	**Request for Services**
☐ UPI (required)	☐ Provider Administration	☐ Read Only	☐ Request for Services
☐ UPI Financial (optional)	☐ E520_Approval	☐ Create and Read Only (two roles)	
☐ UPI Approve 1056			

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

☐ Role_UPI	☐ Role_1056_Approval	☐ Role_E520_Approval
☐ Role_Financial	☐ Role_Provider_Admin	

Incident Reporting (Non-SCE Providers Only)		**Request for Services**
☐ Role_IR_Create	☐ Role_IR_Read_Only	☐ Role_RFS

USTEPS Team: _____   _____   [_____]
                        Activation   Date   Validation (Initial & Date)

USTEPS Team: _____   _____   [_____]
                        Inactivation   Date   Validation (Initial & Date)