

**Department of Human Services  
Division of Services for People with Disabilities**

Form 0-8  
Aug 2020

**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**

<p align="center"><b>UPI Administration</b> (select all that apply)</p> <p><input type="checkbox"/> UPI (required) <input type="checkbox"/> Provider Administration</p> <p><input type="checkbox"/> General Financial Info <input type="checkbox"/> Electronic Payments</p> <p><input type="checkbox"/> UPI PCSP/Budget Approval</p>	<p align="center"><b>Incident Reporting</b> (select only one) (Community Providers Only, No SCE Providers)</p> <p><input type="checkbox"/> Read Only</p> <p><input type="checkbox"/> Create and Read Only (two roles)</p>	<p align="center"><b>Request for Services</b></p> <p><input type="checkbox"/> Request for Services</p>
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Email completed form to [usteps@utah.gov](mailto: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)**

Role\_IR\_Create  Role\_IR\_Read\_Only

**Request for Services**

Role\_RFS

**USTEPS Team:** \_\_\_\_\_ Activation Date  Validation (Initial & Date)

**USTEPS Team:** \_\_\_\_\_ Inactivation Date  Validation (Initial & Date)