



Department of Human Services
Division of Services for People with Disabilities
PRIVATE SUPPORT COORDINATOR – DHS CONTRACT PROVIDER/EMPLOYEE
ACCESS REQUEST FORM
UCANS

Form 0-13
8-1-2021

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

User Address: _____

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

Company Name: _____

Contract Number: _____

STATEMENT OF UNDERSTANDING

I understand access to USTEPS 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 USTEPS 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.

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

Initial:

User Signature: _____ **Date:** _____

Authorized Contract Owner Signature: _____ **Date:** _____

Contract Owner 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

UCANS <input type="checkbox"/>

Email completed form to usteps@utah.gov

-For Office Use Only-

ADMINISTRATIVE APPROVAL

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

UCANS Signature: _____ Date: _____
 Role_UCANS

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

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