

Form 0-13
7/1/2022

DSPD USTEPS Access Form
UCANS User Role

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

User Address: _____

User Telephone: _____ User Utah ID Email: _____

Provider 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 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 data in accordance with the policies and contract requirements issued by the Utah Department of Health and Human Services.

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

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)