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| DEPARTMENT OF HEALTH SERVICES  Division of Medicaid Services  F-01578A (09/2022) | **STATE OF WISCONSIN** |
| **IRIS SHAREPOINT – REQUEST FOR USER SETUP** | |
| All completed requests should be submitted electronically to: | |
| User’s Name (Last, First, MI)  Last, First, MI | Organization  Choose your organization. |
| Work Phone  Work Phone Number | Email Address – Used when establishing username  Email Address |
| Role – Describe your role with the organization | |
| Job Title/Role | |
| State of WI/DOA username –  Input your State of Wisconsin/Wisconsin External (WIEXT) username (not your password) obtained through self-registration at: <https://register.wisconsin.gov/AccountManagement/default.aspx>. | |
| DOA Username | |
| Permissions – Check the boxes indicating access needs for the site | |
| Budget Amendments  Integrity (FARA)  Notice of Action | |
| Direct Supervisor  Direct Supervisor | Date Submitted  Date Submitted |
| Information contained in email messages may be privileged and confidential. There is some risk that any information in an email you send may be disclosed to, or intercepted by, unauthorized third parties. By agreeing to allow the use of email as a method of communication to WI DHS, this indicates that you acknowledge and accept the possible risks associated with such communication. | |