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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-02000 (04/2023) |  | **STATE OF WISCONSIN** |
| **ADRC/AGING/TRIBAL USER SYSTEM ACCESS REQUEST** |
| See accompanying instructions document [F-02000A](https://www.dhs.wisconsin.gov/forms/f02000a.pdf) for additional information and submission details. |
| **SECTION 1: Purpose of Request** |
| [ ]  **Request new user access** starting this date:       |
|  Who previously held this role?       |
| [ ]  **Request additional access** for an existing user starting this date:       |
| [ ]  **Delete user access** on this date:       |
| [ ]  **Change the following user information** (e.g., last name, change in work role):       |
| **SECTION 2: User Information** |
| First Name | Last Name |
|       |       |
| Agency Name | For Regional Agencies: County/Tribe Office |
|       |       |
| Work Address | City | State | Zip Code |
|       |       |       |       |
| Work Phone | Work Email Address |
|       |       |
| **SECTION 3: User Work Role** |
| [ ]  ADRC Specialist (select activities) | [ ]  I&A[ ]  Options Counseling[ ]  Enrollment Counseling | [ ]  Director/Manager/Supervisor of       |
| [ ]  Tribal ADRS (select activities) | [ ]  Administrative/Support Staff for       |
| [ ]  DBS | [ ]  Tribal DBS | [ ]  Benefit Specialist Program Assistant |  |
| [ ]  DCS | [ ]  Tribal DCS  | [ ]  SHIP Volunteer/Counselor | [ ]  Fiscal Staff for       |
| [ ]  EBS | [ ]  Tribal EBS | [ ]  Aging Staff (specify role)       | [ ]  Other (specify role)       |
| **SECTION 4: BADR Systems Requiring F-02000 Submission** |
| [ ]  **SharePoint:** Enter [**WILMS**](https://register.wisconsin.gov/AccountManagement/default.aspx) **username**:       |
| [ ]  ADRC/Aging [ ]  DBS [ ]  DCS [ ]  EBS |
| [ ]  **WellSky:** Select all that are applicable to the role **AND attach signed** [F-00044](https://www.dhs.wisconsin.gov/forms/f0/f00044.docx). |
| [ ] SAMS IR: Read Only [ ]  SAMS IR: Edit [ ]  SAMS Aging [ ]  SAMS DBS [ ]  SAMS EBS |
| [ ]  **SHIP Reporting System** for benefit specialists and SHIP counselors. (The fields below are optional.) |
|  | For SHIP Only | Date of Birth (MM/DD/YYYY) | Gender | Race/Ethnicity |
|       |  |       |
| Primary Language |
| [ ]  English [ ]  ASL [ ]  Chinese [ ]  Korean [ ]  Russian [ ]  Spanish [ ]  Vietnamese [ ]  Other: (list)       |
| Secondary Language |
| [ ]  English [ ]  ASL [ ]  Chinese [ ]  Korean [ ]  Russian [ ]  Spanish [ ]  Vietnamese [ ]  Other: (list)       |
|  |  |
| **SECTION 5: Submission** |
| Supervisor Name | Supervisor Phone Number |
|       |       |
| Supervisor Email |
|       |
| This form contains personally identifiable information (PII). The agency supervisor must submit the completed form via secure encrypted email to DHSBADRtech@dhs.wisconsin.gov  |
| **SECTION 6: Other DHS Systems Requiring Additional Form Submission** |
| Systems listed in this section require different registration to gain access. See instructions [F-02000A](https://www.dhs.wisconsin.gov/forms/f02000a.pdf). |
| * [Online ADRC and Benefit Specialist Learning Management System (LMS)](https://eri-wi.org/adrc-enroll/): Self-register via link.
 |
| * [WILMS](https://register.wisconsin.gov/AccountManagement/default.aspx) (for SharePoint): Self-register via link prior to submitting this form for SharePoint access.
 |
| * [FHiC](https://www.forwardhealth.wi.gov/) :Self-register via link and wait for approval email.
 |
| * [WAMS](https://on.wisconsin.gov/WAMS/home) (for CARES, ECF, or FSIA): Self-register via link.
 |
| * [CARES](https://www.dhs.wisconsin.gov/library/f-00476.htm) and/or ECF: CARES Security Officer submits completed [F-00476](https://www.dhs.wisconsin.gov/library/f-00476.htm) to DHS CARES AIMS email.
 |
| * [FSIA](https://hssgateway.dhs.wisconsin.gov/): Complete form under “FSIA-Request Access” and send it to DHS SOS Help email.
 |
| * [Encounter](https://www.dhs.wisconsin.gov/forms/index.htm?search=21334&division=All&=Search): Send completed [F-21334](https://www.dhs.wisconsin.gov/forms1/f2/f21334.docx) to DHS BADRtech email.
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