

**Department of Children and Family Services
NEW USER FORM**

H ID # or PERSONNEL # _____

SECTION 1 - USER INFORMATION

NAME (Print)	Last: _____	First: _____	MI: _____
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DCFS Employee: ☐ YES ☐ NO **MAIN OFFICE NAME:** _____ **SSN:** - - (TIPS Only)

Contracted Staff: ☐ YES ☐ NO **CONTRACTOR:** _____

DCFS Supervisor/Sponsor	Name: _____	Telephone No. : () -
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<input type="checkbox"/> ES Parish No. _____ Region No. _____	<input type="checkbox"/> State Office	<input type="checkbox"/> CSE (SES) – District No. _____	<input type="checkbox"/> State Office
<input type="checkbox"/> CW Parish No. _____ Region No. _____	<input type="checkbox"/> State Office	<input type="checkbox"/> District Attorneys – JDC No. _____	
<input type="checkbox"/> DDS		Parish Name. _____	
<input type="checkbox"/> DMF	<input type="checkbox"/> ED (OS/DS)	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> LWC	<input type="checkbox"/> SSA		

SECTION 2 – SWE/LAN ACCESS FOR CONTRACTORS

Contractor's Requested Action (check appropriate box):

☐ **Contractor:** Create DCFS mailbox or ☐ **Contractors Outlook** mail contact (external email)

If mail contact, external email address _____

***ONLY VALID COMPANY EMAIL ADDRESSES ALLOWED (GMAIL, YAHOO, ETC. NOT ALLOWED)**

Specialized account access request:

☐ Assign Group Membership (group name): _____

☐ Assign Outlook Distribution List or shared mailbox (name): _____

SECTION 3 – SPECIALIZED ACCESS

SPECIALIZED LAN/MAINFRAME ACCESS REQUIRES THE CORRESPONDING ADDENDUM BE SUBMITTED

<input type="checkbox"/> A ACCESS	<input type="checkbox"/> B Web-Based Acct	<input type="checkbox"/> C IT Systems	<input type="checkbox"/> D VPN (Contractor)
<input type="checkbox"/> E E-Work (ES Fraud & Recovery Section only)	<input type="checkbox"/> F LDH (DHH) and LSU Healthcare	<input type="checkbox"/> G LITE	

Additional Information:

**** FOR USE BY IT STATE OFFICE ONLY ****

Enterprise Server/Mainframe User ID No.:	Parish:	Security Level:
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Security Officer Signature:	Date:
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SECTION 4 – MAINFRAME ACCESS	
Requested Action (check appropriate box(es)):	
<input type="checkbox"/> Assign Mainframe User ID (Check appropriate boxes in user's Division section below to indicate systems needed.)	
ES	CW
<input type="checkbox"/> *SIEVS (ES State Office only) LAMI (choose one): State Office levels <input type="checkbox"/> DCFS/IT LAMI Programmers (14) <input type="checkbox"/> EBT (10) <input type="checkbox"/> Fiscal (6) <input type="checkbox"/> Fraud (4) <input type="checkbox"/> Systems (7) <input type="checkbox"/> Policy (3) <input type="checkbox"/> Program (5) Local Office levels <input type="checkbox"/> Par Clerk - Card Maint (11) <input type="checkbox"/> Par Clerk - Card Maint & Spec/Man Issue (13) <input type="checkbox"/> Par Clerk - Spec/Man Issue (12) <input type="checkbox"/> Par Adm (2) <input type="checkbox"/> Par Wrkr (1) <input type="checkbox"/> Others (Inquiry only) (8)	TIPS <input type="checkbox"/> CPS <input type="checkbox"/> FC <input type="checkbox"/> SP <input type="checkbox"/> GS <input type="checkbox"/> AP <input type="checkbox"/> AD <input type="checkbox"/> EFC <input type="checkbox"/> FS <input type="checkbox"/> DC <input type="checkbox"/> APU (Adoption Petition Only) <input type="checkbox"/> Other (identify): _____ Authority Level: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State Function(s): <input type="checkbox"/> Add/Change <input type="checkbox"/> Inquiry Worker #: _____ TIPS 802 Screen: <input type="checkbox"/> Add/Change <input type="checkbox"/> Inquiry only
Specialized Systems: <input type="checkbox"/> LIRA (limit 2 per office) <input type="checkbox"/> UAT for (identify system): _____ <input type="checkbox"/> RADS (for OFS/ES Fraud & Recovery Section) <input type="checkbox"/> Check Rewrite <input type="checkbox"/> Other (identify): _____	CW IV-E Section (ONLY) <input type="checkbox"/> LAMI Inquiry <input type="checkbox"/> SIEVS
Louisiana Workforce Commission	DMF / FISCAL SERVICES
<input type="checkbox"/> DHHR (CICS) <input type="checkbox"/> Client <input type="checkbox"/> JAS	<input type="checkbox"/> Crds <input type="checkbox"/> LAMI – Inquiry <input type="checkbox"/> Fiscal Contracts <input type="checkbox"/> LAMI – Update <input type="checkbox"/> LASES-Update/Inq
CSE	DMF & ED / ALL OTHER BUREAUS/SECTIONS
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> CAJUN <input type="checkbox"/> Document Generation <input type="checkbox"/> IDEC <input type="checkbox"/> KidStar <input type="checkbox"/> MoneyGram </div> <div style="width: 45%;"> <input type="checkbox"/> *LASES – Inquiry Only <input type="checkbox"/> *LASES – Update/Inq <input type="checkbox"/> The Work Number <input type="checkbox"/> UAT <input type="checkbox"/> Other (identify): _____ </div> </div>	<input type="checkbox"/> Other (identify): _____
DISTRICT ATTORNEYS	Administrative Services
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> CAJUN <input type="checkbox"/> IDEC <input type="checkbox"/> KidStar </div> <div style="width: 30%;"> <input type="checkbox"/> Document Generation <input type="checkbox"/> MoneyGram </div> <div style="width: 30%;"> <input type="checkbox"/> * LASES – Inquiry Only <input type="checkbox"/> The Work Number </div> <div style="width: 30%;"> <input type="checkbox"/> * LASES – Update/Inq <input type="checkbox"/> Other (identify): _____ </div> </div>	<input type="checkbox"/> DHHR (CICS) <input type="checkbox"/> Client
	Social Security Administration
	<input type="checkbox"/> DHHR (CICS) <input type="checkbox"/> Client
USER STATEMENT	
I certify that I have read and understand the security policy for DCFS computer users. I agree to abide by this policy and understand that non-compliance with any part of this policy may constitute grounds for disciplinary action, up to and including dismissal or criminal or civil legal actions.	
User Signature:	Date:
SUPERVISOR STATEMENT	
Supervisor Statement: I do hereby certify that I have discussed this agreement with the above named user and have explained that execution of this form is: (1) Necessary for compliance with state and federal confidentiality guidelines, (2) Mandatory in order to perform functions of the user's position.	
Supervisor Signature:	Date:

* System/application (including CAFÉ-CSE Portal & OnBase-CSE) contains FTI; Background Check required