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**AWA & ALTSA REPORTING ACCESS REQUEST FORM**

**INSTRUCTIONS:** County workers who need access to or removal from ALTSA AWA must complete section 1 of this form and then submit to the County coordinator for approval. The County coordinator completes section 2 and forwards to the DDCS Employment and Day Program Manager. All requested information is required for ALTSA DDCS to process the request.

**SECTION 1: TO BE COMPLETED BY REQUESTOR (county worker).**

Name:

Title:

Phone Number:

County Email Address:

**NOTE:** Personal e-mail accounts (e.g. AOL, MSN, Gmail, Yahoo etc.) are not authorized for conducting business involving DSHS clients and information.

Justification for access:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**SECTION 2: TO BE COMPLETED BY COUNTY COORDINATOR:**

**AWA:** Removal from [ ]  **Access to** [ ]

**Access Tabs:** Data Transfer [ ]  Billing [ ]  Provider [ ]

**Worker Access Rights: View Modify Process Delete**

Billing ID: [ ]  [ ]  [ ]  [ ]

Billing Maintenance: [ ]  [ ]  [ ]  [ ]

Client Referral Screen: [ ]  [ ]  [ ]  [ ]

Employment ID: [ ]  [ ]  [ ]  [ ]

Provider Maintenance: [ ]  [ ]  [ ]  [ ]

**ALTSA Reporting Access:** \_\_\_YES \_\_\_NO

**County Coordinator IT Contact Information:**

Name:       Phone Number:       Email Address:

Remote connection type: State IGN [ ]  or SSL VPN [ ]

A static IP address is required on requestor’s computer.

Static IP Address:

County Coordinator‘s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Distribution: County Coordinator retains original, and a copy is to be emailed to DSHS DDCS Employment and Day Program Manager: Megan.Burr@dshs.wa.gov or DDCS County Services Program Coordinator: Sherry.Richards@dshs.wa.gov.

**SECTION 3: To be completed by DSHS DDCS County Program Coordinator**

Authorized: \_\_\_YES \_\_\_NO

If yes, send to ALTSA HELPDESK for processing.

If no, return to county coordinator with explanation.

**SECTION 4: To be completed by ALTSA Helpdesk**

IT staff processing request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When finished, IT staff will notify the requestor and county coordinator, filing completed form on ALTSA Headquarter SharePoint site.