# ALLEGHENY COUNTY

## KIDS INFORMATION SYSTEMS ACCESS REQUEST

**DEPARTMENT OF HUMAN SERVICES**

**DHS Provider Agency**

**Please Send Completed Form To:**

ISAR –User Account Manager

DHS - Office of Information Management
Human Services Building, 2nd
One Smithfield Street, Pittsburgh, PA 15222
or Fax to 412-350-5220

## EMPLOYEE INFORMATION (ALL REQUIRED FOR ACCOUNT)

| | |
|---|---|
| **DATE:** | **LAST 4 DIGITS OF SSN:** |
| **NAME:** | |
| **USER'S EMAIL ADDRESS:** | |
| **JOB TITLE:** | |
| **PHONE NUMBER:** | |
| **PROVIDER NAME:** | |
| **PROVIDER ADDRESS:** | |
| | |
| | |

**TYPE OF ACCOUNT REQUESTED:** NEW ACCOUNT ☐ CHANGE USER ACCESS ☐ CLOSE USER ☐

**PROVIDER SUPERVISOR/MANAGER APPROVAL** _____ **DATE** _____

**EMPLOYEE ACKNOWLEDGEMENT OF UNDERSTANDING (REQUIRED FOR NEW ACCOUNTS)**
**I have read and agree to comply with the terms of Allegheny County Policy for user accounts.**
**I understand that violation of this policy may result in termination of user account.**

_____
Signature

_____
Printed Name

**ACCESS NEEDED (REQUIRED FOR NEW ACCOUNTS AND CHANGES TO ACCOUNTS**
**Place a check mark next to access the user needs.**

**KIDS PROVIDER CONTACT (KPC) (ONE PER AGENCY)** _____

**SUPERVISOR** _____ **SWAN ACCESS** _____

**CASEWORKER** _____

**Comfort Level in KIDS:** Beginner ☐ Experienced ☐