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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-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](mailto: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](mailto:dhscaresaccessandidentitymanagementservices@dhs.wisconsin.gov). | | | | | | | | | | | | | | | | | |
| * [FSIA](https://hssgateway.dhs.wisconsin.gov/): Complete form under “FSIA-Request Access” and send it to [DHS SOS Help email](mailto:DHSSOSHelp@dhs.wisconsin.gov). | | | | | | | | | | | | | | | | | |
| * [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](mailto:DHSBADRtech@dhs.wisconsin.gov). | | | | | | | | | | | | | | | | | |