



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
CHILDREN'S DIVISION  
**Security Access Request Form**

<b>Identifying Information</b>			
Employee Name (including middle initial)		Work Phone	
Agency Name			
Agency Address (Street, City, Zip Code)		County	
Employee Social Security Number	Employee Work Email Address		
<input type="checkbox"/> Add NEWID/Access <input type="checkbox"/> Delete Email <input type="checkbox"/> Add Access <input type="checkbox"/> Re-activate ID/Access Prev. DSS User ID: _____			
<b>Service to be Provided (Check programs that apply)</b>			
<input type="checkbox"/> 70 Foster Care Case Management (FCCM) <input type="checkbox"/> 71 Child Placing RESOURCE Agency (Licensing worker) <input type="checkbox"/> 185 Intensive In-Home Services (IIS) <input type="checkbox"/> 120 Child Placing RESOURCE Residential Placement Unit (R{U}) <input type="checkbox"/> MOU 300 Case Management Inquiry <input type="checkbox"/> 310 FACC Inquiry <input type="checkbox"/> 330 FHCP Inquiry <input type="checkbox"/> 342 MSHP Inquiry Only		<input type="checkbox"/> 98 NYTD Chaffee Prov/ No Referral <input type="checkbox"/> 94 Chaffee Program <input type="checkbox"/> 95 Transitional Living Placements (TLP) <input type="checkbox"/> 70/71 Intensive Family Reunification Services <input type="checkbox"/> VPN (Global Protect) <input type="checkbox"/> VDI (VmWare Horizon) <input type="checkbox"/> OnBase _____ read only_____ modify (uploading) <input type="checkbox"/> State Email Account <input type="checkbox"/> Employee Learning Center	
<b>Signatures</b>			
Employee Signature	Date	Supervisor Signature	Date
Supervisor Name Printed	Supervisor Email Address		

**For Approval, send this completed form (CD-173) and the [DSS Confidentiality Agreement Form](#) (MO 886-4461) to:**

70 Foster Care Case Management/IFRS/Specialized: Regional Oversight Specialist

71 Child Placing Resource: Regional Licensing Consultant, [Dawn.Phillips@dss.mo.gov](mailto:Dawn.Phillips@dss.mo.gov)

94/95 NYTD National Youth in Transition Database (94 Chaffee Program / 95 TLP Transitional Living Program): Older Youth Transitional Specialist

120 Child Placing Resource MOU with RPU Residential Placing Unit: [Crystal.L.Wilson@dss.mo.gov](mailto:Crystal.L.Wilson@dss.mo.gov)

185 IIS Intensive In-Home Services: Local Site Coordinator

300/310/330 FHCP (inquiry only) Fostering Healthy Children Program: [Larry.K.Smith@dss.mo.gov](mailto:Larry.K.Smith@dss.mo.gov)