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

RESET

Identifying Information

Employee Name (including middle initial)	Work Phone

Agency Name

Name of Building

Agency Address (Street, City, Zip Code)	County

Employee Social Security Number	Employee Work Email Address	Hire Date

☐ Add NEW ID/Access   ☐ Delete Email   ☐ Add Access   ☐ Re-activate ID/Access   Name Change

Prev. DSS User ID: _____

Service to be Provided (Check programs that apply)

☐ 70 Foster Care Case Management (FCCM)

☐ 71 Child Placing RESOURCE Agency (Licensing worker)

☐ 185 Intensive In-Home Services (IIS)

☐ 120 Child Placing RESOURCE Residential Placement Unit (RPU)

☐ 300 Case Management Inquiry

☐ 310 FACC Inquiry

☐ 330 FHCP Inquiry

☐ 342 MSHP Inquiry Only

☐ 98 NYTD Chafee Prov/ No Referral

☐ 94 Chafee Program

☐ 95 Transitional Living Placements (TLP)

☐ 70/71 Intensive Family Reunification Services

☐ VPN (Global Protect)

☐ VDI (VmWare Horizon)

☐ OnBase _____read only_____modify (uploading)

☐ State Email Account

☐ Employee Learning Center

Signatures

Employee Signature	Date	Supervisor Signature	Date

Supervisor Name Printed	Supervisor Email Address

Send this completed form (CD-173) and the **DSS Confidentiality Agreement Form** (MO 886-4461) to: CD.SecurityRequest@dss.mo.gov**.**