



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

Identifying Information			
Employee Name (including middle initial)			Phone
Agency Name			
Agency Address (Street, City, Zip Code)			County
Employee Social Security Number		Employee Email Address	
<input type="checkbox"/> Add NEWID/Access	<input type="checkbox"/> Add Access	<input type="checkbox"/> Re-activate ID/Access	
Prev. User ID: _____			
Service to be Provided (Check programs that apply)			
<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) MOU <input type="checkbox"/> 300/310/330 Inquiry Only		<input type="checkbox"/> National Youth In Transition Database (NYTD) <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"/> (IFRS) VPN (Agency Tunnel) <input type="checkbox"/> VDI (VmWare Horizon) Other: _____	
Signatures			
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: Local Oversight Specialist

71 Child Placing Resource: Regional Licensing Consultant, Dawn.Phillips@dss.mo.gov

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

Transitional Specialist 120 Child Placing Resource MOU with RPU Residential Placing Unit: Dawn.M.Rector@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