**DEPARTMENT OF HUMAN SERVICES**

 **BUSINESS PARTNER USER ACCESS REQUEST/APPROVAL FORM**

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| **NAME OF PERSON REQUESTING DHS ACCESS:** | **REQUEST DATE:** |
| **SOCIAL SECURITY NUMBER:** | **TELEPHONE NUMBER:****( )** | **SPONSORING DHS PROGRAM OFFICE:** |
| **BUSINESS PARTNER SITE INFORMATION:****Organization Name, Street Address, City, Zip Code (Bldg., Room #, etc.)** |  **TYPE OF EMPLOYEE:** **\_\_ COUNTY** **\_\_ OTHER PA AGENCY**  **\_\_\_\_BUSINESS PARTNER (HMO ETC)**  **\_\_\_\_FEDERAL**  | **TYPE OF NETWORK MEDIA AND SECURITY REQUIREMENT:****\_\_\_\_COMMONWEALTH INTER-AGENCY ROUTING**  **(NO USER ID NOR PASSWORD REQUIRED)** **PRIVATE****\_\_\_\_Frame Relay CIRCUIT (NO USER ID NOR PASSWORD REQUIRED)****\_\_\_\_ETHERNET (MANDATORY TO FILL IN THE BELOW USER ID AND PASSWORD FOR FIREWALL ACCESS)** |
| **NOTICE: DHS ACCESSES FOR THE ABOVE BUSINESS PARTNER USER ARE DERIVED FROM THE APPROVED ACCESSES IN PLACE FOR THE BUSINESS PARTNER SITE THIS USER IS A PART OF.**  |
| **BE AWARE THAT ADDITIONAL SECURITY FORMS MAY BE REQUIRED ACCORDING TO THE ACCESS REQUESTED. FOR EXAMPLE, A TERMINAL SECURITY FORM MUST BE FILLED OUT AND APPROVED FOR HOST CIS ACCESS. CONTACT YOUR SPONSORING PROGRAM OFFICE COORDINATOR IF ANY QUESTIONS. THIS FORM INTENDS TO VALIDATE THE USER FOR DHS ACCESS.** |
| **USER ID AND PASSWORD (If required per above Type of Network Media and Security Requirement block)****User ID is normally first initial, last name. Input requested User ID here. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Should requested User ID be a duplicate, then an amended User ID will be given back through the Program Office Coordinator.)****Clearly Print Password from 5 to 8 Characters using no special characters. \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_**   |
| **REASON FOR DHS ACCESS (JUSTIFICATION):**   **REQUESTOR'S SIGNATURE**   **DATE**   |
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| **PROGRAM OFFICE COORDINATOR:** **\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**  **PROGRAM OFFICE COORDINATOR'S SIGNATURE DATE**   |

ANTI-VIRUS SOFTWARE IS TO BE INSTALLED ON THE EQUIPMENT FROM WHICH DHS ACCESS IS ORIGINATING BEFORE DHS ACCESS IS REQUESTED!

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 **PROCEDURES**

**Business Partner Access** is defined as the communication and interaction of approved persons to enter (access) the Department of Human Services (DHS) Information Technology (IT) resources from a non-DHS site via either the Ethernet or a hard circuit connection.

This access right is a **privilege** given to selected, approved, and authorized business partners (Contractors, Benefit Provider, Vendor, other Commonwealth Agencies etc.) for the expressed purpose of transacting Department related activity and functions.

Note: Approval of this Business Partner User Access allows registration of this User to a specific Business Partner Site. This User derives DHS access from the previously approved and registered list of accesses for the Business Partner Site. The Business Partner Site access approvals are the responsibility of the DHS Program Office Deputy Secretary and OIS Security.

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| **Responsible Entity** | **Activity** |
| Requester | Completes **Business** Partner User Access Request **Form. All information requested on the form is to be completed prior to being sent for approval.****Forwards form to the appropriate DHS Program Office Coordinator, for approval.** |
| Program Office Coordinator | Approves with signature and keeps form as audit trail on file within Program Office. Enters user into the Remote Access Data Base (RACDB) for registration with OIS.If incomplete form, returns to requester for completion. |
| OIS | Registers Requestor login and password into RADIUS and firewalls as pertinent. Sends back email confirmation to Program Office Coordinator that Requester is registered. |

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 **INSTRUCTIONS FOR COMPLETING THE FORM**

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| **Information Requested** | **Explanation** |
| Name of Person Requesting DHS Access | Print or type the name of the person requesting access |
| Request Date | Enter the date the form is completed. |
| Social Security Number | Enter the Social Security Number of the person requesting remote access. |
| Telephone Number | Enter the work telephone number of the person requesting remote access. |
| Sponsoring DHS Program Office | **Enter the name of the DHS Program Office which sponsors this Business Partner Site and approves access.** |
| Business Partner Site Information | Print or type the name of the organization, the actual physical location of the site to include street address, city, state and zip code. |
| Type of Employee | Enter a mark at the employee description that best identifies the government entity to which the user belongs. County consortiums should show all County members. |
| Type of Network Media and Security Requirement | Commonwealth Inter-Agency Routing should be used for state offices that constitute part of the Commonwealth Private Network and are merely routing through the Commonwealth Private Network to DHS.Private Frame Relays are defined as a site which has purchased a dedicated frame relay circuit.Ethernet for a business partner is valid for those sites where usage has been approved via SecurID. |
| User ID | User ID is normally first initial, last name. Should the requested User ID be a duplicated of an existing ID, then the OIS Administrator will assign a variation to create a unique User ID. The actual ID is identified in the confirmation e-mail sent from OIS to the Program Office Coordinator. The Program Coordinator will pass the actual User ID on to the requestor. |
| Password | Selects their own password. The password is a minimum of six characters and is limited to eight. The password will be lower case only without any special characters or spaces.Note: Some DHS Program Offices take the prerogative of algorithm. They are responsible to coordinate actual password to the requestor. |
| Reason for DHS Access | Provide a complete explanation of why you are requesting DHS access. The DHS Program Office Coordinator will review and approve/disapprove and pass on to the OIS Security. DHS Security will review and approve/disapprove and enter the information into the Remote Access Data Base. |
| Requestor’s Signature | The person requesting the access must sign the form. |
| POC’s Signature | If approved, the approving authority is to sign and enter the date of the signature. |

Completed forms are retained by the POC for audits and verification.

**DELETIONS: Deletion of a user will be facilitated by e-mail notification from the Business Partner Site Administrator to the appropriate DHS Program Office Coordinator.**