**HEALTH and HUMAN SERVICES DELIVERY CENTER TECHNOLOGY SERVICES OFFICE**

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

**(Not for use with eGovernment transactions – contact Program Office for different form)**

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| **NAME OF BUSINESS PARTNER SITE REQUESTING ACCESS:** | | | **REQUEST DATE:** | |
| **ADDRESS OF REQUESTING BUSINESS PARTNER SITE:** | **BUSINESS PARTNER** CONTACT  **PERSON: (Administrative)**  **TELEPHONE NUMBER:**  **FAX NUMBER:**  **E-mail ADDRESS:** | | **BUSINESS PARTNER SITE** **PRIMARY TECHNICAL SUPPORT PERSON:**  **TELEPHONE NUMBER:**  **FAX NUMBER:**  **E-mail ADDRESS:** | |
| **CIRCLE SITE NETWORK TRANSMISSION TYPE: <Point to Point> <InterAgency Routing> <Internet> <Ethernet> <VPN (FUTURE)>**  **IF YOUR SITE HAS A LAN, WILL A ROUTER BE REQUIRED, OR DO YOU ALREADY OWN ONE? \_\_\_ ALREADY OWN \_\_\_\_ WILL NEED**  **WILL SITE UTILIZE A FIREWALL FOR THIS CONNECTION? \_\_\_YES \_\_\_NO IF YES, WHAT TYPE/MODEL? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ARIN REGISTERED ADDRESSES ARE REQUIRED PLEASE SECONDARY SITE TECHNICAL CONTACT PERSON:**  **IDENTIFY THE FOLLOWING IP ADDRESS(ES) FOR HHS DC ACCESS:**  **ROUTER WAN IP: \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_ TELEPHONE NUMBER:**  **ROUTER LAN IP (GATEWAY): \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_ FAX NUMBER:**  **LAN IP SEGMENT (S): TO INCLUDE MASK E-mail ADDRESS:**  **1) \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_ 255.255.255. \_\_\_\_\_**  **2) \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_ 255.255.255. \_\_\_\_\_**  **3) \_\_\_\_\_. \_\_\_\_\_.\_\_\_\_\_. \_\_\_\_\_ 255.255.255. \_\_\_\_\_**  **4) \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_ 255.255.255. \_\_\_\_\_**  **IF FTP SERVER, THEN IP: \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_\_ AND FTP LOGIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND FTP PASSWORD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **PROGRAM OFFICE:** | **BUREAU:** | | **DIVISION/SECTION:** | |
| **PROGRAM OFFICE CONTACT:** | **TELEPHONE NUMBER:** | | **PROGRAM OFFICE CONTACT PERSON LOCATION:** | |
| **PROGRAM OFFICE CONTACT PERSON**  **EXCHANGE MAIL NAME:** | | **EXCHANGE MAIL SERVER NAME:** | | |
| **TYPE(s) OF HHS DC ACCESS DESIRED:**  **HOST TIP: (Inquiry only) \_\_\_ (Update)\_\_\_ PACWIS SERVER: \_\_\_**  **HOST MAPPER: (Inquiry only) \_\_\_ (Update)\_\_\_ AIMS SERVER: \_\_\_**  **FTP SERVER: \_\_\_ OTHER SERVER (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **IP ADDRESS: \_\_\_\_\_. \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_ OTHER ACCESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  | |
| **REASON FOR ACCESS (JUSTIFICATION):** | | | | | |

**PROGRAM OFFICE APPROVING AUTHORITY SIGNATURE:**

SIGNATURE (ELECTRONIC) DATE

**HEALTH and HUMAN SERVICES DELIVERY CENTER TECHNOLOGY SERVICES OFFICE**

**Instructions and Information for Completing**

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

**Information**  **Information to**

**Requested be Entered**

**Demographic**

BUSINESS PARTNERS are vendors, contractors, providers, other PA agencies, and/or local

Government offices. Business Partners are NOT located in any HHS DC business site and have agreements in place with Departmental Program Offices in the Departments of Health (DOH), Human Services (DHS), Aging (PDA), Drug and Alcohol Programs(DDAP) and Military and Veterans Affairs (DMVA) which sponsor accessibility to the HHS DC servers.

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| **Information Requested** | **Information to be Entered** |
| Name of Business Partner Site Requesting Access | Enter the business partner requests access to Department data. |
| Request Date | Enter the date the request was completed. |
| Address of Requesting Business Partner | Enter the address or work site/location of the Business Partner requesting access. Include the street address, city, state and zip code. |
| Business Partner Contact Person | Enter the name of the person to be contacted regarding the contents of this form, Administrative person, phone and fax number: (include area code) and email address. |
| Business Partner Primary Technical Support Person | Enter the name, telephone and FAX number (include area code) and Email address of the person to be contacted regarding technical information, problems and/or concerns. |
| Network Transmission Type | A point to point circuit is defined as a site which has purchased a point to point connection by provision of the Verizon/Commonwealth contract and its tariffs.  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 HHS DC.  Ethernet for a business partner is valid for those sites where usage and/or user population does not merit the expense of a hard connection. |
| Will Site Utilize a Firewall for this Connection? | Check Yes or No. If Yes, please provide the type/model of the firewall. Ports used for HHS DC access will be provided at time of install. |
| Business Partner | If point to point, list the Router WAN and LAN IP’s. If FTP, list the Server IP address and provide a login and password to the Business Partner FTP server. List all IP segments that will be the source for transactions related to this request for access. |
| Secondary Technical Contact | If there will be a Secondary Technical Contact, please list the name, phone and FAX numbers, (include area code) and email address. |

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**Demographic** - PROGRAM OFFICE

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| **Information Requested** | **Information to be Entered** |
| Program Office | Enter the Program Office that is sponsoring the Organization’s request for access. The approving authority, for the requested access, must be an employee of this Program Office and have the authority to approve access requested. |
| Bureau | Enter the Bureau that is processing the Organization’s request for access. |
| Division/Section | Enter the Division and/or Section that is processing the Organization’s request for access. |
| Program Office Contact | Enter the name of the Program Office person to be contacted regarding the contents of this form, administrative information, and/or general program related information. |
| Program Office Contact Telephone Number | Enter the complete telephone number (including the Area Code) of the person to be contacted regarding the contents of this form, administrative information, and/or general program related information. |
| Program Office Contact Person Location | Enter the address or work site/location of the person to be contacted regarding the contents of this form, administrative information, and/or general program related information. |
| Program Office Contact Exchange Mail Name | Enter the Program Office contact's name as it appears on the Exchange Mail server. |
| Program Office Contact Exchange Mail Server Name | Enter the name of the Department’s Exchange Mail server where the Program Office contact is listing. |

**Access Information**

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| **Information Requested** | **Information to be Entered** |
| Type(s) of HHS DC Access Desired | List Host Accesses, TIP would include CIS, PVR, PCH, etc. MAPPER would be MAPPER and APPMAP. Access may be requested to the HHS DC FTP Server, HHS DC Intranet Servers, HHS DC Application Servers such as AIMS, and Other Specified Servers. A specific IP Address previously approved for testing, etc may be requested. |
| Reason for Access (Justification) | Provide a narrative explanation for the need to access the Department’s information. Host Update capability should be specifically addressed. This will be used to evaluate approval for access. |

**Program Office Approval**

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| **Information Requested** | **Information to be Entered** |
| Program Office Approving Authority Signature | Signature or electronic ID for the Program Office person authorizing the Organization for access to the specific destination IP addresses within the Department's information system.  If this approving authority is other than the Program Office Contact, the name should also be printed, and the Program Office Contact person must also indicate acknowledgement of the approval. |
| Date | Enter the date on which the approval was signed or granted. |

NOTE: If the Departmental Program Office has specific comments not included in this form, please indicate that comments are included and attach on a separate page.