

STATE OF MINNESOTA
MnCHOICES Support Plan Request and Authorization Form

Failure to complete all fields of the User, Team or Agency section(s) that you have selected will result in the form being returned to the requestor for completion.

Requestor Information

*Requestor's
Last Name:

*Requestor's
Phone:

*Requestor's
First Name:

*Requestor's
Logon ID:

Action to Take for User Maintenance

Action to Take for User Maintenance:	Add a New User
	Edit an Existing User
	Deactivate a User
	Reactivate a User
	Add an Agency/Agency Combination to a User

How will this access be used?:

User Information

Complete the following fields for the user you wish to add or update.

Logon

ID: (If you need an ID created enter "Request new ID")

**Last
Name:**

**Middle
Initial:** (If no middle initial enter the word "None")

**Former
Name:**

Phone:

Division:

Email:

**Supervisor's
Name:**

**Street
Address:**

Zip + 4:

Lead Agency (On behalf of):

My Agency (Delegate):

County/Tribe:

First Name:

**Honorific
Title:** (Ms., Mr., Mrs., Dr., etc.)

Department:

Team/Unit:

Job Title:

**Supervisor's
Logon ID:**

City:

Action to Take for Team Maintenance

Action to Take for Team Maintenance:

- Add Users to a Team
- Add a Team
- Remove Users from a Team
- Remove a Team

Team Name (Existing):

Create New Team:

Lead Agency (On behalf of):

Remove User (Enter Logon ID):

Remove Team:

My Agency (Delegate):

How will this access be used?:

Action to Take for Agency Maintenance

Action to Take for Agency Maintenance:

- Extend an Agency/Agency End Date
- Shorten an Agency/Agency End Date
- Create an Agency/Agency Combination

Lead Agency (On behalf of):

My Agency (Delegate):

Start Date:

End Date:

How will this access be used?:

Training

All Users: (must be completed BEFORE access can be given)

OIS11000 Data Security and Privacy	Completed Date:
OIS12000 Managing Security Information Problems	Completed Date:
OIS13000 How to Protect Information	Completed Date:
OIS14000 Federal Tax Information (FTI)	Completed Date:
OIS15000 Social Security Administration Information	Completed Date:
OIS16000 Data Protection for Supervisors	Completed Date:
OIS17000 Protected Health Information (PHI)	Completed Date:
OIS18000 Data Security for Volunteers	Completed Date:
OIS19000 Data Security for County Staff and Assistors	Completed Date:
OIS20000 Data Security for Help Desk Staff and System Administrators	Completed Date:

Submit

Additional comments:

This form must be submitted by a security liaison or it will not be processed.

Please have your security liaison submit the request by sending an e-mail to the SSAM Team (SSAM@state.mn.us) with the completed form attached.

To submit this request follow these steps:

- Click on File and select Save As
- Save the completed request to the location of your choice
- Draft an e-mail to SSAM@state.mn.us
- Attach the saved copy of the form to the e-mail to the SSAM Team
- Send the e-mail

Thank you,
The Access Management (SSAM) Team