

Iowa Department of Public Health

New User Request Form

Please complete (print clearly, and in ink) and fax or mail signed form to the address at the bottom of this document.

Name (First, Middle, Last): _____

Email: _____ Date of Birth: ____/____/____

Driver's License#: _____ Issuing state of DL#: _____

Mother's Maiden Name: _____

Supervisor Name: _____

Organization: _____

Mailing Address : _____

Organization Id#: _____ Organization Phone#: () _____

- FOCUS Security Rights (select only one):
WIC Coordinator
CPA Admin
CPA
Non-CPA Professional
Support Staff Admin
Support Staff
Scheduler only
LA Reports Only
View Only
BFPC

Your signature below attests that you fully understand and agree with the Non-Disclosure Agreement on Page 2.

New User Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

FOR IDPH USE ONLY:

Authorized Program Staff Signature: _____ Date Received: ____/____/____ Phone: _____ Org. Code to charge: _____

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:

User Name _____
Date Completed _____

Fax to 515-281-4913 or Mail to:
Iowa Department of Public Health
Bureau of Nutrition and Physical Activity
ATTN: WIC Helpdesk
321 E. 12th St
Des Moines, IA 50319-0075

NON-DISCLOSURE AGREEMENT

I understand that information maintained and managed by the Iowa Department of Public Health (IDPH) may include information that is confidential in nature and, in some instances, protected by the Code of Iowa or the Iowa Administrative Code.

I understand that information, including identifying and demographic data is confidential and shall not be disclosed, except as authorized by state or federal law.

I understand that it is my responsibility as a user of an Iowa Department of Public Health computer system to use reasonable measures to protect the information contained in the system.

I understand that all passwords are confidential and that no password or security token is to be shared.

I also understand that violation of this agreement could result in criminal prosecution, or other civil or administrative remedies.

My signature on page one attests that I fully understand and agree with the above statements.