



DHS Application Access Request Form

Action Requested *(Select multiple if needed)*

Add MMIS Access	<input type="checkbox"/>
Add MnCHOICES Support Plan Access <i>(legacy application)</i>	<input type="checkbox"/>
Add Revised MnCHOICES Access	<input type="checkbox"/>
Request Change to User Information (Name, Phone, Address, Supervisor, etc.)	<input type="checkbox"/>
Terminate All Access	<input type="checkbox"/>

*** Required Fields**

* Login ID (PW or X Number):	(If requesting a new login ID, type "New")
* Prefix Title (Ms., Mr., Dr.):	
* First Name:	* Middle Initial (if none, enter "None"):
* Last Name:	
Former Name:	
* Phone:	* Fax:
* Agency Email:	
* Job Title:	
* Staff Role <i>(Select all that apply)</i> : <input type="checkbox"/> Consult <input type="checkbox"/> Certified Assessor <input type="checkbox"/> Care Coordinator MSHO/MSC+ <input type="checkbox"/> Care Coordinator SNBC <input type="checkbox"/> Support Staff <input type="checkbox"/> Rate Staff <input type="checkbox"/> Agency Reports <input type="checkbox"/> Security <input type="checkbox"/> Lead Agency Supervisor <input type="checkbox"/> Delegate Supervisor	
* TrainLink ID:	
* MnCHOICES Location Name <i>(delegate agency name)</i> :	
* Supervisor's Name:	
* Supervisor's Logon ID (PW):	
* Street Address:	
* City:	* Zip:

Handling MN Information Securely: (all 7 courses are required annually)

Course	Date Completed
Data Security and Privacy	
How to Protect Information	
Managing Security Information Problems	
Federal Tax Information	
Social Security Administration Information	
Protected Health Information	
Data Security for County Staff and Assistors	

* Please include why you need access: <input type="checkbox"/> Care Coordination for an MCO <input type="checkbox"/> Providing support to care coordinators
Select "File", "Save as" to save a copy of the completed form for your records. Return as an email attachment to: HPDelegateAccess@HealthPartners.com