

External SPARC Sign In Authorization Request - DRAFT

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wis. Stats.]. Send all requests to your supervisor / security officer. The department is legally responsible for protecting the confidentiality of personally identifiable information. Any screen or printout displaying personally identifiable information is confidential information and must be secured.

Request Type: New Account Change Employment Ended Other If "Change or Other" – Specify:

Environment Type: Development Acceptance Production

User to provide the following information

1. CORE ID	2. STAR Supplier ID (leave blank if not known)
3. Agency Name	4. Agency Address
5. Name – User (First Middle Initial Last)	6. Email Address – User
7. Work Telephone Number – User	8. Action: <input type="checkbox"/> Activate Access <input type="checkbox"/> Inactivate Access

9. Access to SPARC requires a WIEXT ID. Provide WIEXT ID:

Link to set up WIEXT ID: <https://www.dwd.state.wi.us/accountmanagement/>

Read carefully before signing this Security Acknowledgment.

User Agreement for Access to the Wisconsin Department of Children and Families Systems.

I have a legal and ethical responsibility to protect the confidentiality and security of all protected data and information to which I have access to via the Wisconsin Department of Children and Families (DCF) system application(s). Confidential information may include but is not limited to: financial information, client / patient identifiable information, and protected health information. This information is protected by state and federal laws. In order to be granted data about DCF clients that we serve, I agree to the following:

I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job and all applicable policies and laws. I will not re-disclose any information I have accessed unless needed to complete my authorized task and as allowed by law.

I acknowledge the receipt of my ID's and passwords. I understand that passwords are the equivalent of my signature and I am responsible for their use.

If I know of an actual or attempted privacy or security violation or inappropriate use or disclosure of this data, I will notify my security officer and supervisor.

It is my responsibility to inform my supervisor and security officer, in writing, when I am leaving employment. When my association ends, I will no longer access confidential information and will not take any confidential information with me.

I understand that my actions in this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel. Any improper use or unauthorized access of this system may result in administrative disciplinary action and civil and criminal penalties. By signing this form and continuing to use DCF system(s), I consent to these terms and conditions.

By the entry below of my typed name between two forward slashes"/ /", I indicate that I am the person named, and that I adopt this entry as my legal electronic signature on this document. After completing the signatures, please attach to an email and send to DCFSserviceDesk@wisconsin.gov DCFFinanceGrants@wisconsin.gov

User Information

Name	SIGNATURE / /	Date Signed
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Approver: By signing this form, I authorize the above user to gain or lose access to SPARC Portal to submit agency's expenditures.

Agency Approver Information

Name	Telephone Number
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Email Address

SIGNATURE / /	Date Signed
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DCF Security Officer Signature	
SIGNATURE / /	Date Signed

Instructions

Request Type – From the drop down box, select the appropriate request type: new, change, employment ended or other. New is for users that are new to the system and do not have any access. For changes, specify what is to be changed. Examples of changes are: a user's name, telephone number, a request for additional access or to remove a user's access from an application for which access is no longer needed.

Section 1. ID – Enter user's CORE ID, if known. Leave blank for new user request.

Section 2. Enter STAR Supplier ID, if known. Leave blank if not known.

Section 3. Enter Agency Name.

Section 4. Enter Agency Address.

Section 5. Enter the user's name.

Section 6. Enter user's email address.

Section 7. Enter user's work phone number.

Section 8. Action, select one from drop down: Activate Access, Inactivate Access.

Section 9. Access to SPARC requires a WIEXT ID. Provide WIEXT ID. If user does not have a WIEXT the link is provided to set up an account and then enter the ID in section 9.

Carefully read the Operator Security Acknowledgment before completing the signature block.

User's signature and date – The user must sign and date the form. Electronic signatures are acceptable.

Agency Approver signature, date, telephone number and email address – The agency approver must sign and date the form. Also the agency approver's telephone number and email address **are required**. Electronic signatures are acceptable.

After completing the signatures, please attach to an email and send to DCFServicesDesk@wisconsin.gov and DCFFinanceGrants@wisconsin.gov

State Security Officer's signature– **This is completed by DCF Security Officer after the form is received.** The state security officer must sign and date the form. Electronic signatures are acceptable.

User and Agency Approver will receive an email from DCF Security when access is granted.