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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-01578 (10/2018) | **STATE OF WISCONSIN** |
| **WISCONSIN SELF-DIRECTED IT SYSTEM (WISITS) – REQUEST FOR USER SETUP** |
| All completed requests should be submitted electronically to DHSWISITS.SystemAdmin@dhs.wisconsin.gov |
| User’s Name (Last, First, MI)      | Organization      |
| Work Phone      | Email Address      |
| Roles/Permissions – Describe your role with the organization and your access needs for the system |
| [ ]  Agency Call Center | [ ]  Call Center |
| [ ]  Consultant | [ ]  Consultant Supervisor |
| ☐ Data Team | [ ]  FEA Operations |
| [ ]  Financial Eligibility | [ ]  Functional Screener |
| [ ]  ICA Quality Management | [ ]  Intake Referral Specialist |
| [ ]  Read Only | [ ]  SDPC Nurse |
| [ ]  SDPC Nurse Manager | [ ]  SDPC Operations |
| [ ]  Security Officer | [ ]  Transfer Officer |
| Setup User’s Permission Like – Specify a user at your organization that would have similar role/access needs (if applicable) |
|       |
| Direct Supervisor      | Date Submitted      |
| Information contained in email messages may be privileged and confidential. There is some risk that any information in an email you send may be disclosed to, or intercepted by, unauthorized third parties. By agreeing to allow the use of email as a method of communication to WI DHS, this indicates that you acknowledge and accept the possible risks associated with such communication. |