## WISCONSIN INCIDENT TRACKING SYSTEM (WITS) WEB ACCESS REQUEST

Completion of this form is required in order to have access to the WITS system.

### INSTRUCTIONS:
1. Users must first have a WAMS ID—[http://on.wisconsin.gov](http://on.wisconsin.gov)—Use this URL to logon to WAMS home page and click on self-registration link to create a new account OR use the other options on this page for subsequent account maintenance.
2. Once WITS users have a WAMS ID, they must complete this form, sign the form, have their supervisors sign the form, and then fax the form to DHS, Attn: WITS Security Administrator, Fax – 608-267-3203.

### Your Name (Last, First, MI) | Your Phone Number | Date Account Needed
---|---|---

User ID from WAMS | County(ies) for Which You Will be Reporting

Name – Employing Agency (do not abbreviate)

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>WITS access needed to file reports on incidents involving: (select one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ County Dept. of Human Services, Social Services, Health, etc.</td>
<td>☐ Elder adults-at-risk only (those age 60+)</td>
</tr>
<tr>
<td>☐ County Aging Unit</td>
<td>☐ Adults-at-risk only (those age 18-59)</td>
</tr>
<tr>
<td>☐ Aging and Disability Resource Center</td>
<td>☐ Adults-at-risk in both age groups (18 and over)</td>
</tr>
<tr>
<td>☐ Nongovernmental agency contracted to one of the above</td>
<td></td>
</tr>
<tr>
<td>☐ Other (describe):</td>
<td></td>
</tr>
</tbody>
</table>

### AUTHORIZING SIGNATURES

If your employer is a county agency, county aging unit, or ADRC, complete the following:

Name – Supervisor | Phone Number - Supervisor
---|---

Email Address – Supervisor

SIGNATURE – Supervisor | Date Signed
---|---

If your employer is a nongovernmental contract agency, complete the following:

Name – County Agency Holding the Contract

Name – County Agency Supervisor or Contract Signer | Phone Number – County Supervisor
---|---

Email Address – County Supervisor

SIGNATURE – County Agency Supervisor or Contract Signer | Date Signed
---|---

If the WITS user listed above is filling the position of a former employee, complete the following:

Name of Previous Employee | WITS Account Deactivation Date
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User of this logon and password provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. The User’s signature on this form constitutes acceptance of responsibility for compliance with §49.32(10), §49.32(10m), §49.81, §49.83, §943.70(2), and with DHS policy (attached to new logon approvals).

SIGNATURE – User | Date Signed
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