

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, <https://on.wisconsin.gov/WAMS/home>. 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)			
Type of Agency <input type="checkbox"/> County Dept. of Human Services, Social Services, Health, etc. <input type="checkbox"/> County Aging Unit <input type="checkbox"/> Aging and Disability Resource Center <input type="checkbox"/> Nongovernmental agency contracted to one of the above <input type="checkbox"/> Other (describe: _____)		WITS access needed to file reports on incidents involving: (select one) <input type="checkbox"/> Elder adults-at-risk only (those age 60+) <input type="checkbox"/> Adults-at-risk only (those age 18-59) <input type="checkbox"/> Adults-at-risk in both age groups (18 and over)	

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
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 Wis. Stat. §§ 49.32(10), 49.32(10m), 49.81, 49.83, and 943.70(2), and with DHS policy (attached to new logon approvals).	
SIGNATURE – User	Date Signed