

## STATE OF ALASKA

Department of Health / Division of Public Assistance / Systems Support and Network  
Services  
(Non-DPA Workers)

# DIVISION of PUBLIC ASSISTANCE SECURITY AGREEMENT FOR ELIGIBILITY, NETWORK, AND RELATED SYSTEMS

I understand that all client information contained in the Division of Public Assistance eligibility system databases and sources from other agencies via system interfaces and Internet providers is confidential. I agree not to disclose any information regarding persons who have applied for, have received, or who are receiving Public Assistance to any unauthorized group or individual, or to any person for any purpose other than the administration of Public Assistance programs.

I will protect all client and/or related information made available to me through interfaces, other agencies, and/or the Internet whether this information is obtained via Alaska's Resource for Integrated Eligibility Services (ARIES), Eligibility Information System (EIS), Case Management System (CMS), Integrated Child Care Information System (ICCIS), Electronic Document Management System (ILINX), Virtual Call Center (Genesys VCC), Interactive Voice Response (IVR), Instant Eligibility Verification System (IEVS), EBT Edge, WIC Spirit, Energy Community Online System (ECOS), Jira, Mobius, Current, Jobs Automated Payments System (JAS), direct computer access, hard copy documents, online viewing, or any other means of communication. This includes, **but is not limited to**, information from the Internal Revenue Service; the Social Security Administration; the Departments of Labor, Revenue and Administration; Public Access Information; and any future information interfaces or Internet services that may be developed.

I understand and agree to comply with the Child Support Services Division (CSSD) requirement to protect confidential client information from unauthorized use or intentional destruction.

I understand that I may only use the workstation and Internet access for those specific functions of my job duties.

I understand that my passwords are confidential and may not be kept in written form in unsecured areas. I understand that I am the only one allowed to use my assigned passwords. If I suspect anyone else has knowledge of my passwords, I will report it immediately to my supervisor, the Security Officer, or Network Services. I will change my passwords at that time.

I understand that whenever I leave my workstation and am not in close proximity, I must sign off from my access to all eligibility systems and lock my workstation.

I have read this entire Security Agreement and consent to abide by it. Also, I certify that I have read, understand and will comply with the [Systems Operations and Network Services Security Manual](#), the [DOH Policy and Procedure section 0700 for](#)

[Information Systems](#) the [Office of Information Technology's Information Security Policies](#), and the [State of Alaska Ethics Policy](#). Furthermore, I understand that I may be prosecuted if I use eligibility systems, interfaces, or Internet services for fraudulent purposes.

**I understand that any violation of this agreement may result in disciplinary action, which may include termination of employment.**

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Sponsor**

\_\_\_\_\_  
**Date**

<b>Employee Full Name (First, MI, Last)</b>	
<b>Employee's Organization</b>	<b>Employee Job Title</b>
<b>Employee Email</b>	<b>Employee Phone</b>
<b>Supervisor Name</b>	<b>Supervisor Job Title</b>
<b>Supervisor Email</b>	<b>Supervisor Phone</b>
<b>DPA Sponsor Name</b>	<b>DPA Job Title</b>
<b>Requests for access must contain a detailed description of the business need, below:</b>	

**NEW ACCOUNT**

**CHANGE EXISTING ACCOUNT**

**DELETE ACCOUNT**

Email forms to: [hss.dpa.systems.support@alaska.gov](mailto:hss.dpa.systems.support@alaska.gov)

## REQUESTED ACCESS AND SECURITY ROLES

### SYSTEM

#### MOBILE COMPUTING AND REMOTE ACCESS

- VPN  OPENCONNECT

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### SYSTEM

- AKCCIS

#### ENVIRONMENT

- PRODUCTION  TEST

#### ROLE

##### *ELIGIBILITY*

- CCPO  ELIGIBILITY SPECIALIST  
 ELIGIBILITY SUPERVISOR  PASS I CASE MANAGER  
 PASS IV CASE MANAGER

##### *LICENSING*

- LICENSING ADMINISTRATOR  LICENSING CLERICAL  
 LICENSING PROGRAM MANAGER  LICENSING PROJECT ASSISTANT  
 LICENSING SPECIALIST  LICENSING SUPERVISOR

##### *PAYMENT*

- ACCOUNTING TECHNICIAN  ACCOUNTING SUPERVISOR

##### *PROVIDER*

- PROVIDER – FACILITY REPRESENTATIVE

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### SYSTEM

- ARIES / ALASKA RESOURCE FOR INTEGRATED ELIGIBILITY SYSTEM

#### ENVIRONMENT

- PRODUCTION  DEVELOPMENT  
 TRAINING  SYSTEM INTEGRATION TEST  
 USER ACCEPTANCE TEST  UTILITY  
 STAGE  CASEWORK

## REQUESTED ACCESS AND SECURITY ROLES

### SYSTEM

CASE REVIEW TOOL

LDAP ID \_\_\_\_\_

### ROLE

WORKER

REVIEWER

PEER REVIEWER

UNIT SUPERVISOR

### REPORT

ERROR SUMMARY

12 MONTH SUMMARY

UNIT SUMMARY

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### SYSTEM

CMS / CASE MANAGEMENT SYSTEM

### ENVIRONMENT

PRODUCTION

TEST

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### SYSTEM

CURRENT

WORKER TO MIRROR:

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### WORK SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

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## REQUESTED ACCESS AND SECURITY ROLES

### SYSTEM

- ECOS / ENERGY COMMUNITY ONLINE SYSTEM

### ENVIRONMENT

- PRODUCTION  TEST/TRAINING  
 VENDOR PORTAL
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### SYSTEM

- EBT EDGE

### ROLE

*NOTE: ACCESS IS PERMISSION-BASED AND IS GRANTED BASED ON INTERNAL DEPARTMENT OR WORK GROUP*

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### SYSTEM

- EIS / ELIGIBILITY INFORMATION SYSTEM

### ENVIRONMENT

- PRODUCTION  TEST  
 TRAINING  CASEWORK  
 ADABAS  NATURAL  
 JAS (ALL)  JAS (LIMITED)  
 IVR

*NOTE: NEW ACCOUNT ACCESS TO EIS MUST HAVE AN ACCOMPANYING [MAINFRAME ACCESS REQUEST FORM](#)*

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### SYSTEM

- EQUIFAX

### ROLE

- STANDARD USER / VERIFICATIONS  ADMINISTRATOR / WEB MANAGER
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## REQUESTED ACCESS AND SECURITY ROLES

### SYSTEM

- GENESYS CLOUD VCC

### ROLE

- COLLABORATOR  AGENT  
 QUALITY ASSURANCE / EVALUATOR  SUPERVISOR
- 

### SYSTEM

- IEVS / INSTANT ELIGIBILITY VERIFICATION SYSTEM

### ROLE

- ELIGIBILITY WORKER  MANAGER  
 SUPPORT WORKER
- 

### SYSTEM

- ILINX

### ENVIRONMENT

- PRODUCTION  TEST
- 

### SYSTEM

- JIRA

*NOTE: ACCESS IS PERMISSION-BASED AND IS GRANTED BASED ON INTERNAL DEPARTMENT OR WORK GROUP*

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## REQUESTED ACCESS AND SECURITY ROLES

### SYSTEM

- MOBIUS

### PLEASE LIST ALL REPORTS FOR WHICH ACCESS IS REQUESTED

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

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### SYSTEM

- SAM / DEPT OF LABOR SECURE ACCESS MANAGER
  - ALL ACCESS REQUESTS MUST HAVE AN ACCOMPANYING [SAM WORK ORDER](#) AND [STATE OF ALASKA CONFIDENTIALITY OF INFORMATION ACKNOWLEDGEMENT](#)
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### SYSTEM

- CSSD WINSTAR
  - ALL ACCESS REQUESTS MUST HAVE AN ACCOMPANYING [CSSD WINSTAR WORK ORDER FORM](#) AND [EXTERNAL USER - CONFIDENTIALITY ACKNOWLEDGEMENT](#)
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- WIC SPIRIT

### ROLE

## REQUESTED ACCESS AND SECURITY ROLES

### SYSTEM

#### NON-STATE

- CLINIC COORDINATOR
- CPA NUTRITIONIST
- CPA-IN-TRAINING
- BREASTFEEDING PEER COUNSELOR
- OFFICE STAFF
- INTERIM
- IT SUPPORT
- CONTRACTOR
- OTHER: \_\_\_\_\_

#### STATE OF ALASKA

- PROGRAM STAFF
- FINANCE/ACCOUNTING
- IT SUPPORT
- PUBLIC HEALTH
- OTHER: \_\_\_\_\_

***REQUESTS MUST BE ACCOMPANIED BY A CERTIFICATE OF COMPLETION OF TRAINING MODULES***

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