

**STATE OF ALASKA**  
Department of Health / Division of Public Assistance / Systems Support and Network  
Services  
(Non-State Employee Form)

## **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 [DHSS Finance and Management Services 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**

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

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

### MOBILE COMPUTING AND REMOTE ACCESS

- VPN  OPENCONNECT
- 

### SYSTEM

- ARIES / ALASKA RESOURCE FOR INTEGRATED ELIGIBILITY SYSTEM

### ENVIRONMENT

- |   |  |
|---|--|
| <input type="checkbox"/> PRODUCTION           | <input type="checkbox"/> DEVELOPMENT             |
| <input type="checkbox"/> TRAINING             | <input type="checkbox"/> SYSTEM INTEGRATION TEST |
| <input type="checkbox"/> USER ACCEPTANCE TEST | <input type="checkbox"/> UTILITY                 |
| <input type="checkbox"/> STAGE                | <input type="checkbox"/> CASEWORK                |
- 

### SYSTEM

- EIS / ELIGIBILITY INFORMATION SYSTEM

### ENVIRONMENT

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> PRODUCTION | <input type="checkbox"/> TEST          |
| <input type="checkbox"/> TRAINING   | <input type="checkbox"/> CASEWORK      |
| <input type="checkbox"/> ADABAS     | <input type="checkbox"/> NATURAL       |
| <input type="checkbox"/> JAS (ALL)  | <input type="checkbox"/> JAS (LIMITED) |
| <input type="checkbox"/> IVR        |  |

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

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### SYSTEM

- ECOS / ENERGY COMMUNITY ONLINE SYSTEM

### ENVIRONMENT

- |  |  |
|--|--|
| <input type="checkbox"/> PRODUCTION    | <input type="checkbox"/> TEST/TRAINING |
| <input type="checkbox"/> VENDOR PORTAL |  |
-

**REQUESTED ACCESS AND SECURITY ROLES**

**SYSTEM**

- CMS / CASE MANAGEMENT SYSTEM

**ENVIRONMENT**

- PRODUCTION  TEST
- 

**SYSTEM**

- ICCIS

**ENVIRONMENT**

- PRODUCTION  TEST

*NOTE: ALL ACCESS REQUESTS MUST HAVE AN ACCOMPANYING [SECURITY REQUEST FORM](#)*

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**SYSTEM**

GENESYS CLOUD VCC

**ROLE**

- COLLABORATOR  AGENT
  - QUALITY ASSURANCE / EVALUATOR  SUPERVISOR
- 

**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"/> | _____ |
-

## REQUESTED ACCESS AND SECURITY ROLES

### SYSTEM

- SAM / DEPT OF LABOR SECURE ACCESS MANAGER
  
  - ALL ACCESS REQUESTS MUST HAVE AN ACCOMPANYING [SAM WORK ORDER](#)
- 

### SYSTEM

- CSSD WINSTAR
  
  - ALL ACCESS REQUESTS MUST HAVE AN ACCOMPANYING [CSSD WINSTAR WORK ORDER FORM](#)
- 

### SYSTEM

- EBT EDGE

### ROLE

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

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### SYSTEM

- CURRENT

### ROLE

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

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### SYSTEM

- IEVS / INSTANT ELIGIBILITY VERIFICATION SYSTEM

### ROLE

- ELIGIBILITY WORKER
  - MANAGER
  - SUPPORT WORKER
-

## REQUESTED ACCESS AND SECURITY ROLES

### SYSTEM

JIRA

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

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### SYSTEM

ILINX

### ENVIRONMENT

PRODUCTION

TEST

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### SYSTEM

WIC SPIRIT

### ROLE

#### 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: \_\_\_\_\_

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

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