

Department of Human Services
Division of Services for People with Disabilities

Form 0-8
1-15-2013



INDIVIDUAL USER ACCESS REQUEST

(Please Print)

INDIVIDUAL USER NAME:

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
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Provider Name: _____

User's Telephone: _____

User's Utah ID Email: _____

Provider Site Address: _____

STATEMENT OF UNDERSTANDING

I understand that access to USTEPS Provider Interface (UPI) is for my exclusive use and is to be used only in support of my work as a contractor of the State of Utah. I understand that this access is controlled by my password. I understand that I am responsible for maintaining the secrecy of my password and for protecting the confidentiality of information accessed in UPI in accordance with the State of Utah Department of Human Services Policy on "The Appropriate Use of Information Technology Resources" (DHS References: 6-4 and 6-4A*), and the provisions of any contract that I or my employer has entered into with the Department of Human Services. I understand that any breach of this policy may result in corrective action. I will have the responsibility for notifying USTEPS within two business days in writing of any change of email address or employment status with the above company.

Initial & Date:

Applicant Signature: _____ Date: _____

Provider Representative Signature: _____ Date: _____

Provider Representative Name (print) _____

Email to: USTEPS@utah.gov or Fax to (801) 538-4279 Subject Line: UPI

For Office Use Only

USTEPS: USTEPS Team _____ Activation Date: _____

USTEPS Team _____ Inactivation Date: _____

UPI

*See reference: www.hspolicy.utah.gov 6 – Technology, 6-4 Appropriate IT Use & 6-4A Addendum to Appropriate IT Use.