
AUTOMATED SECURITY ACCESS PROCESSING
(A.S.A.P)

REQUESTING ACCESS TO
WIC REPORTS
(FOR LOCAL PUBLIC HEALTH AGENCIES)

Request WIC Reports access

- Open Internet Browser and enter address <http://www.dhss.mo.gov/ASAP> (or go to desktop icon if you have it)
- Click the link in the middle of the page that says "To access ASAP"
Click Yes to any security messages

<ol style="list-style-type: none"> 1. Type the User ID and Password you created in Step A. 2. Click the SIGN IN button. 	
<ol style="list-style-type: none"> 3. Choose the 'Completing for Self' option. 4. Click the NEXT button. 	
<ol style="list-style-type: none"> 5. Choose 'HEALTH APPLICATIONS' for Area Type. 6. Choose 'WIC REPORTS' for Health Area Type. 7. Choose 'ADD ACCESS' for Request Type. 8. Chose 'WIC REPORTS-Local Agency' for Role 9. Choose 'NONE' for Other Role/Report Type 10. Optional: Type in any comments 11. Type in the Effective Date 	

<p>12. Click the 'I Agree' button. 13. Click the 'Submit Form' button.</p>	<p>I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICI PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL S CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED A OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPL ONE OR ALL OF THE FOLLOWING: (1) SUSPENTION, (2) CIVIL COURT AND (3) DISMISS. CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.</p> <p style="text-align: right;"> <input type="button" value="I Agree"/> <input type="button" value="Quit"/> </p> <p style="text-align: center;"> <input type="button" value="Submit Form"/> </p>
<p>A message should appear stating the request was successfully completed.</p> <p>Print a copy of the form for your records.</p>	<p>You have successfully completed your request form. Press the button below to view a printer friendly copy of your request for your records. Please do not send the print copy for Request process.</p> <p style="text-align: center;"> <input type="button" value="Printer Friendly Copy"/> <input type="button" value="FILL OUT ANOTHER ACCESS FORM"/> </p>

If you experience any problems or have questions while using the ASAP system, please notify the DHSS ITSD Help Desk using one of the following methods:

Phone: 573 / 751-6388 or 1-800-347-0887

E-mail: Support@dhss.mo.gov