

ASAP Instructions

WIC, WIC INVOICE, WIC LAP, WIC REPORTS, WIC BF APPLICATION, MOWINS, VPN – LPHA WIC, and VDI – LPHA WIC



For ASAP assistance, contact the WIC Help Desk at 800-554-2544 or e-mail WICHelpDesk@health.mo.gov

An ASAP form must be completed to request access to WIC, WIC INVOICE, WIC LAP, WIC REPORTS, WIC BF APPLICATION, MOWINS, VPN – LPHA WIC, and VDI – LPHA WIC. This document provides instructions for submitting ASAP requests.

The ASAP form can be accessed on the web at:
https://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx

Step 1 – Login to the Automated Security Access Process (ASAP) site.



Welcome to the Missouri Department of Health and Senior Services Automated Security Access Process(A.S.A.P) site.

Users can request new access or change existing access for various network or application systems supported by the Department of Health and Senior Services.

[NEW USER?](#)

Please Create an ASAP user Profile, if you require access to a DHSS system or Network or applications

EXISTING ASAP USERS
ENTER USER ID AND PASSWORD TO SIGN IN

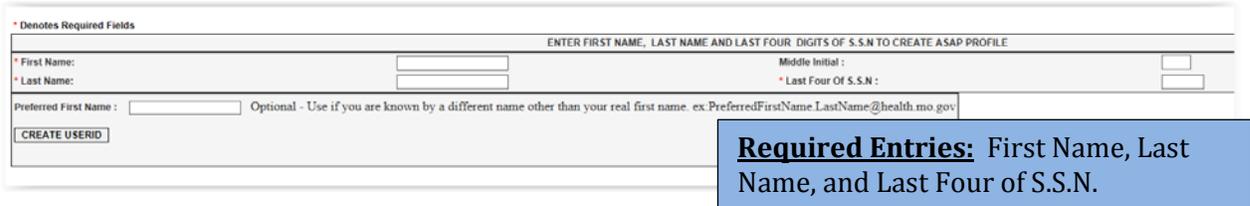
* ASAP User Id :

* Password :

[FORGOT USER ID?](#) [FORGOT PASSWORD? CH](#)

Users can either login with an existing 'ASAP User Id', or can select to create a 'NEW USER' profile.

Should the user choose to create a 'NEW USER' profile the following information will need to be entered:



* Denotes Required Fields

ENTER FIRST NAME, LAST NAME AND LAST FOUR DIGITS OF S.S.N TO CREATE ASAP PROFILE

* First Name:

* Last Name:

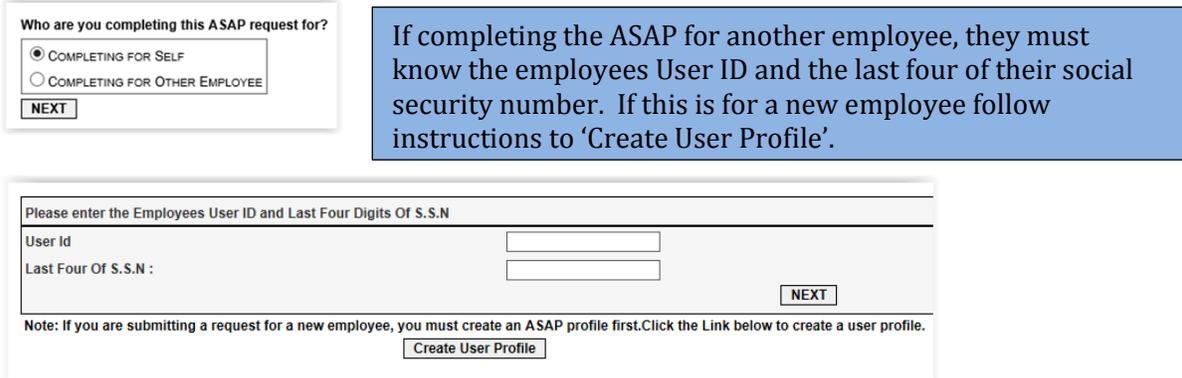
Middle Initial:

* Last Four Of S.S.N :

Preferred First Name : Optional - Use if you are known by a different name other than your real first name. ex PreferredFirstName.LastName@health.mo.gov

Required Entries: First Name, Last Name, and Last Four of S.S.N.

Step 2 – Select who you are completing the ASAP request for, and then click 'Next'.

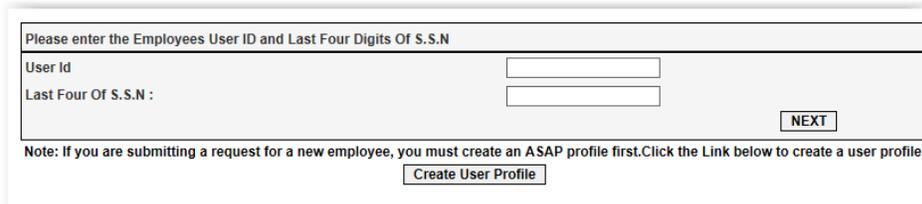


Who are you completing this ASAP request for?

COMPLETING FOR SELF

COMPLETING FOR OTHER EMPLOYEE

If completing the ASAP for another employee, they must know the employees User ID and the last four of their social security number. If this is for a new employee follow instructions to 'Create User Profile'.



Please enter the Employees User ID and Last Four Digits Of S.S.N

User Id

Last Four Of S.S.N :

Note: If you are submitting a request for a new employee, you must create an ASAP profile first. Click the Link below to create a user profile.

Step 3 – Complete the ASAP form. More information specific to individual ASAP request is included later in this document.



* Denotes Required Fields

*Area Type:

Fill in the (*) required fields, print a copy of request for your records, and then 'Submit Form'.

Step 4 – After the form has been submitted, it will be sent to the Local Security Officer (LSO) for that agency. It will have to be approved by the Local Security Officer before it is sent to the Program Security Officer (PSO) at the state agency. Once the ASAP is approved by the PSO, it will be sent to ITSD for processing.

Step 5 – Once the ASAP has been processed and approved, an e-mail will be sent to the email address listed at the top of the ASAP form. State agency will only forward notifications to approved internal email addresses; do not list any personal email accounts such as Yahoo, Gmail, etc. If you have any questions regarding an email that was sent to you, please call the MOWINS Help Desk for assistance.

Track all ASAP forms submitted. If a notification regarding access approval/denial is not received within 7 to 10 business days, call the MOWINS Help Desk.

WIC

WIC ASAP is to be completed when requesting access to the HDFS screen. To complete the ASAP all (*) required fields must be entered.

* Denotes Required Fields

* Area Type: MAINFRAME(DDP-137)

* 9 Digit S.S.N: []

* DDP-137 Area Type: WIC

* Request Type: ADD ACCESS

* Action Type: ADD SECURITY GROUPS

* Action Groups:

Press hold Ctrl+ mouse down key to make multiple selections

- A-H##SP569--DSS\$P004 - SUPD
- A-H##SP560--DSS\$P005 - Transaction SDUP Only
- A-H##ISR10--Training Team For Hands(HHN) WIC(HWI)
- A-H##IST10--Test Team for Hands(HHN) WIC(HWI)
- A-H##IS010--DOH Read to all HWI Datasets
- A-H##IS012--DOH Allter to HWI.\$0204.PP000.RC605.ENU
- A-H##IS013--DOH Read Access All HWI.* %P*.*.*
- A-H##MOH01--MOBIUS Access to DSSRP233-01 GRDRPH01-01
- A-H##SP120 - HANDS WIC LOG ENTRY
- H##SS123 - Super Session
- DDPWIC006
- H##MOVIC
- A-HWISF001

* Effective Date MM/DD/YYYY: 01/29/2018

Do you want to make another request to a different Mainframe area Yes No

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFIC PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT CO CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTY

Area Type: Select 'MAINFRAME (DDP-137)'.
DDP-137 Area Type: Select 'WIC'.
Action Type: Always select 'Add Security Groups'.
Effective Date: Enter in the current date.
Request a different Mainframe area: Always set to 'No'.
After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

** When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS".

** When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE ONLY".

WIC INVOICE

To get WIC INVOICE access, the below ASAP must be submitted. To complete the ASAP all (*) required fields must be entered.

* Denotes Required Fields

*Area Type: HEALTH APPLICATIONS

*Health Area Type: WIC INVOICE

*Request Type: ADD ACCESS

Use Ctrl+click to choose more than one role

*Role: -- Choose Role Type--
WIC AGENCY()
WIC CENTRAL OFFICE()
WIC REGION ADMIN()
WIC TECHNICAL ASSISTANT()

* Other Role/Report Type: -- Choose Other Role/Report Type --

* Comments and/or reason for requesting access:

* Effective Date [MM/DD/YYYY]:

Do you enter Data for Additional Agencies? YES NO

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR ACCESS IS FOR USE UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD BE CONSIDERED UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

I Agree Quit

Submit Form

Area Type: Select 'HEALTH APPLICATIONS'.

Health Area Type: Select 'WIC INVOICE'.

Role: Local agencies should only select 'WIC Agency'

Other Role/Report Type: Choose your agency.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

Do you enter Data for Additional Agencies?: Y or N

If you choose yes, choose the additional County and Agency from the drop down menus in the box.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

** When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS".

** When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE".

WIC LAP

To get WIC LAP access, the below ASAP must be submitted. To complete the ASAP all (*) required fields must be entered.

* Denotes Required Fields

*Area Type: HEALTH APPLICATIONS

*Health Area Type: WIC LAP

*Request Type: ADD ACCESS

Use Ctrl+click to choose more than one role

Choose Role Type:
WIC AGENCY(-VIEW AND EDIT PERSONNEL AND SALARY INFO)
WIC CENTRAL OFFICE(-DHSS STATE USERS ONLY)
WIC DATA ENTRY(-NO PERSONNEL OR SALARY INFO)
WIC TECHNICAL ASSISTANT(-DHSS STATE USERS ONLY)

*Role:

* Other Role/Report Type: -- Choose Other Role/Report Type --

* Comments and/or reason for requesting access:

* Effective Date [MM/DD/YYYY]:

Do you enter Data for Additional Agencies? YES NO

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR AF UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL C PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD B CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

I Agree Quit

Submit Form

Area Type: Select 'HEALTH APPLICATIONS'.

Health Area Type: Select 'WIC LAP'.

Role: Select either 'WIC Agency' or 'WIC Data Entry'. Local agency staff can have one of two roles to access the 'WIC LAP'.

WIC AGENCY: Can enter and review **all** LAP information in the LAP application.

WIC DATA ENTRY: Can enter and review LAP information in the LAP application *except* for salary and benefit information.

Other Role/Report Type: Choose your agency.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

Do you enter Data for Additional Agencies?: Y or N

If you choose yes, choose the additional County and Agency from the drop down menus in the box.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

** When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS".

** When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE".

WIC REPORTS

To have access to WIC REPORTS, or Crystal Reports, the following ASAP must be submitted. To complete the ASAP all (*) required fields must be entered.

* Denotes Required Fields

*Area Type: HEALTH APPLICATIONS

*Health Area Type: WIC REPORTS

*Request Type: ADD ACCESS

Use Ctrl+click to choose more than one role
-- Choose Role Type--
WIC REPORTS - LOCAL AGENCY (WIC REPORTS - LOCAL AGENCY)
WIC REPORTS - STATE AND DISTRICT (WIC REPORTS - STATE AND DISTRICT)
WIC REPORTS (WIC REPORTS)

*Role:

* Other Role/Report Type: NONE

* Comments and/or reason for requesting access:

* Effective Date [MM/DD/YYYY]:

Do you enter Data for Additional Agencies? YES NO

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR AF UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL C PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD B CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

I Agree Quit

Submit Form

Area Type: Select 'HEALTH APPLICATIONS'.

Health Area Type: Select 'WIC REPORTS'.

Role: Local agency staff should always select the first option.

Other Role/Report Type: Will always be set to NONE.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

Do you enter Data for Additional Agencies?: Y or N

If you choose yes, choose the additional County and Agency from the drop down menus in the box.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

** When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS".

** When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE".

WIC BF APPLICATION

To get WIC BF APPLICATION access the below ASAP must be submitted. To complete the ASAP all (*) required fields must be entered.

* Denotes Required Fields

*Area Type: HEALTH APPLICATIONS

*Health Area Type: WIC BF APPLICATION

*Request Type: ADD ACCESS

Use Ctrl+click to choose more than one role

-- Choose Role Type--
WIC BF APPLICANT()
WIC BF CENTRAL OFFICE()
WIC BF TECHNICAL ASSISTANT()

*Role:

* Other Role/Report Type: -- Choose Other Role/Report Type --

* Comments and/or reason for requesting access:

* Effective Date [MM/DD/YYYY]:

Do you enter Data for Additional Agencies? YES NO

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR ACCESS IS TO BE UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD BE PENALIZED. I AGREE TO PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD BE PENALIZED. ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

I Agree

Quit

Submit Form

Area Type: Select 'HEALTH APPLICATIONS'.

Health Area Type: Select 'WIC BF APPLICATION'.

Role: Local agency staff should always select WIC BF APPLICANT.

Other Role/Report Type: Choose your agency.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

Do you enter Data for Additional Agencies?: Y or N
If you choose yes, choose the additional County and Agency from the drop down menus in the box.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

** When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS".

** When staff have a name change an ASAP must be submitted to update the user profile, the 'Request Type' above will need to be "NAME CHANGE".

MOWINS

To get MOWINS access the below ASAP must be submitted. To complete the ASAP all (*) required fields must be entered.

* Denotes Required Fields

*Area Type: HEALTH APPLICATIONS

*Health Area Type: MOWINS

*9 Digit S.S.N:

*Request Type: ADD ACCESS

*Role: Use Ctrl+click to choose more than one role
-- Choose Role Type--
Agency-BF Coord/Peer Counselor()
Agency-Clerk/HPA()
Agency-CPA()
Agency-Nutritionist/Nutrition Coordinator()
Agency-View()

* Other Role/Report Type: DEFAULT

Enter the date you completed Application Security training. Leave blank if you have not completed (MM/YYYY):

* Comments and/or reason for requesting access:

* Effective Date (MM/DD/YYYY):

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

I Agree Quit

Submit Form

Area Type: Select 'HEALTH APPLICATIONS'.

Health Area Type: Select 'MOWINS'.

Role: Descriptions of all Agency Roles are listed on the following page. Multiple roles can be selected by pressing control while clicking on options. Local Agencies should **not** select any of the State options in these lists.

Other Role/Report Type: Will always be DEFAULT.

Application Security Training: Even though Application Security training is not a (*) required field, security training is required in order for the State to approve the MOWINS access request. See [WIC Update March 19, 2012](#) regarding requirements for this field.

Comments and/or reason for requesting access: Enter your reason for requesting access.

Effective Date: Enter in the current date.

After clicking 'I Agree' to the statement provided, you can then click on the 'Submit Form' button.

** If requesting a new role an ASAP request must be submitted with the 'Request Type' above being set to "CHANGE ACCESS". Staff should enter in notes explaining why this request is being made in the 'Comments' section and if previous role needs to be removed.

** When staff leave an agency an ASAP must be submitted to remove access; to do this the 'Request Type' above will be "DELETE ACCESS".

**If a staff person is transferring, needing access to an additional agency, or if there is a name change, an ASAP request must be submitted with the 'Request Type' above set to "OTHER OR TRANSFER". Staff should enter in notes explaining why this request is being made in the 'Comments' section, and if access needs to be removed from previous site if applicable.

MOWINS Continued

Below is a list of local agency roles and permissions specific to each role that is available in MOWINS. When determining which access is needed please refer to the following information:

AGENCY – VIEW: Participant records can be viewed, and no records can be manipulated.

AGENCY -CLERK/HPA: Allows manipulation of demographics and most health information; excluding risk factors, SOAP notes, breastfeeding notes & contacts, and breast pump management.

AGENCY–WIC CERTIFIER: Grants full access to participant records for manipulation; excluding the ability to resolve high risk factors.

AGENCY –WIC COORDINATOR: Participant records can be viewed, and no records can be manipulated. This role does have access to build the agency/clinic schedule and additional administrative reporting through MOWINS.

AGENCY –BF COORD/PEER COUNSELOR: This role grants access to manipulate alerts, appointments, breastfeeding contacts & notes, breast pump management, demographics, nutrition education and referrals.

AGENCY–CPA: Grants full access to participant records for manipulation, excluding the ability to resolve high risk factors, and has access to build the agency/clinic schedule.

AGENCY–NUTRITIONIST/NUTRITION COORD: This role **includes the access for all other roles** (listed above) in MOWINS plus additional access to resolve high risk participants.

Please Note:

*If a user is a WIC Coordinator and a WIC Certifier or Clerk/HPA, both roles must be requested on the ASAP.

*Peer Counselors **cannot** be Certifiers, Nutritionist/Nutrition Coordinators, or CPAs.

*Peer Counselor **Coordinators** can be Nutritionist/Nutrition Coordinators, CPA, or Certifiers.

*All other roles labeled “**State**” are for state agency employee use only.

VDI – LPHA WIC

To get VDI – LPHA WIC access the below ASAP must be submitted. To complete the ASAP all (*) required fields must be entered.

* Denotes Required Fields

*Area Type: HEALTH APPLICATIONS

*Health Area Type: VDI - LPHA WIC

*Request Type: ADD VDI

Use Ctrl+click to choose more than one role

-- Choose Role Type--

LPHA WIC VDI (VMWARE)

*Role:

* Other Role/Report Type: DEFAULT

* Comments and/or reason for requesting access:

* Effective Date (MM/DD/YYYY):

Do you enter Data for Additional Agencies? YES NO

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT RE PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MA CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

I Agree Quit

Submit Form

VDI – Virtual Desktop Infrastructure – is requested when local agency staff that use a WIC computer to access state software such as the HDFS screen. Most WIC metro provider sites and WIC satellite sites will need to request this access.

** When staff leave an agency an ASAP must be submitted to remove access; to do this the ‘Request Type’ above will be “REMOVE VDI”.

VPN – LPHA WIC

To get VPN – LPHA WIC access the below ASAP must be submitted. To complete the ASAP all (*) required fields must be entered.

* Denotes Required Fields

*Area Type: HEALTH APPLICATIONS

*Health Area Type: VPN - LPHA WIC

*Request Type: ADD VPN

Use Ctrl+click to choose more than one role

-- Choose Role Type--

DEFAULT

*Role:

* Other Role/Report Type: DEFAULT

* Comments and/or reason for requesting access:

* Effective Date (MM/DD/YYYY):

Do you enter Data for Additional Agencies? YES NO

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT RE PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MA CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

I Agree Quit

Submit Form

VPN – Virtual Private Network – is requested when local agency staff will be using a WIC computer from home to access MOWINS and the HDFS Screen. If the current location prints birth and death certificates, then staff should request VPN access.

** When staff leave an agency an ASAP must be submitted to remove access; to do this the ‘Request Type’ above will be “DELETE VPN”.