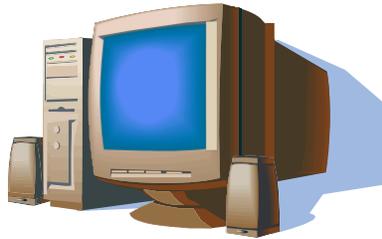


ASAP Instructions - Local Agency Plan

WIC – LAP



Instructions to complete the online ASAP request form for access to the Local Agency Plan (LAP). For ASAP assistance, contact the WIC Help Desk at 800-554-2544 or e-mail WICHelpDesk@health.mo.gov

ASAP Instructions – LAP

How do the Roles in the LAP work?

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.

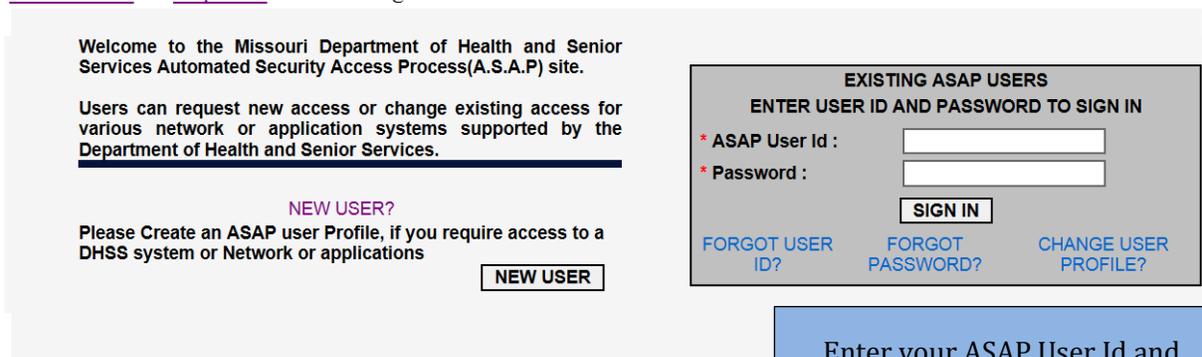
An ASAP form must be completed to access the LAP application.

The ASAP can be accessed on the web at:

[ASAPLogin \(https://webapp02.dhss.mo.gov/asap_web/asaplogin.aspx\)](https://webapp02.dhss.mo.gov/asap_web/asaplogin.aspx)



[DHSS Home](#) >> [asap_web](#) >> ASAPLogin



Enter your ASAP User Id and Password in the required fields.



[DHSS Home](#) >> [asap_web](#) >> IsSupervisor

Who are you completing this ASAP request for?

COMPLETING FOR SELF
 COMPLETING FOR OTHER EMPLOYEE
NEXT

Click on “Completing for Self” and then click “Next”. (Note: if completing for another staff member, select the radio button “Completing for Other Employee”.

ASAP Instructions – LAP

Next complete these fields:

REQUESTOR INFORMATION

Name : (First Name Last Name, User ID)
 Bureau :
 Section :
 Work Location : (Street, City, State, Zip)
 Office Telephone :
 Email Address :

* 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--
 Adair County Health Department- 20100
 Andrew County Health Department- 10100
 Atchison County Health Center- 10200
 Audrain County Health Unit- 30100
 Barry County Health Department- 50100
 Barton County Health Department- 50200
 Bates County Health Center- 50300
 Benton County Health Department- 50400
 Bollinger County Health Center- 40400
 Butler County Health Department- 40100
 Caldwell County Health Department- 10500
 Callaway County Health Department- 30300
 Camden County Health Department- 30400
 Cape Girardeau County Health Department- 40200
 Carroll County Health Department- 10600
 Carter County Health Center- 40300
 Cass County Health Department- 60100
 Cedar County Health Department- 50500
 Chariton County Health Center- 20300
 Christian County Health Department- 50600
 Clark County Health Department- 20400
 Clay County Health Center- 60200
 Clinton County Health Department- 10700
 Cole County WIC Program- 30500
 Columbia/Boone Health Department- 30200
 Cooper County Health Department- 30600
 Crawford County Health Department- 30700
 Crescent Clinic- 65000
 Dade County Health Department- 50700

Area Type: Health Application
Health Area Type: WIC LAP
Request Type: Add Access

Role: Select either 'WIC Agency' or 'WIC Data Entry'.
Other Role/Report Type: Choose your agency.

REQUESTOR INFORMATION

Name : (First Name Last Name, User ID)
 Bureau :
 Section :
 Work Location : (Street, City, State, Zip)
 Office Telephone :
 Email Address :

* 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:

* Comments and/or reason for requesting access:

* Effective Date [MM/DD/YYYY]:

Do you enter Data for Additional Agencies? YES NO

To pick additional Agencies ,Choose the respective County

*County: ADA
 *Agency: -- Choose an Agency--

Comments and/or reason for requesting access: Enter your reason for requesting access.
Effective Date: 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.
 Click on the "Submit Form" button.

ASAP Instructions – LAP

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 APPROVAL OF THE REQUESTED CHANGE ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST 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. I UNDERSTAND THAT STATE AND FEDERAL STATUTES REQUIRE CONFIDENTIALITY OF INFORMATION AND 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 ONE OR ALL OF THE FOLLOWING: (1) SUSPENSION, (2) CIVIL COURT AND (3) DISMISSAL. I AGREE TO KEEP 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.

Do you enter Data for Additional Agencies?: Y or N
If you choose no, click on "I Agree" and then "Submit Form".

The local agency LSO (Local Security Officer) must approve the ASAP form at the local level before the request will be sent automatically to the State WIC office.

Once the ASAP has been processed and approved, an e-mail will be sent from the WIC Help Desk.