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

REQUESTING ACCESS TO SHOW ME HEALTHY WOMEN

STEP A. Creating A.S.A.P User profile

(This step is to be completed only once per user.)

Please read.

- If you have an ASAP profile already and know your login credentials, please skip to Step B (submitting the request)
- If you are unsure you have an ASAP profile, here are a few steps to determine that
 - If you already have an LPHA e-mail account, DHSS health applications and/or DSS prod/mainframe access, you mostly likely have an ASAP profile.
 - If you try to create an ASAP profile and you receive a red message indicating that first name and last name is already in use, please contact the ITSD Call Center at 800.347.0887 for assistance. This most likely means you have an ASAP profile and the call center can assist with profile updates, password resets, logging into ASAP, and/or submitting requests.

Creating A.S.A.P User profile

- Open Internet Browser and enter address
http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx
- Click “Yes” to any security messages

Steps	Screen Print
1. Click the NEW USER option	
2. Enter your first name , last name and last four digits of your SSN . Enter a Preferred First Name , if desired. Click the CREATE USERID button.	
3. Make note of your UserID .	
3. Choose ' Others (Schools, Private Providers, etc.) ' for the Agency . 4. Choose ' DHSS DIVISION OF COMMUNITY HEALTH ' for Local Security Officer County. 5. Choose ' SHOW ME HEALTHY WOMEN LSO – (Kathy Sluyter) ' for Local Security Officer.	
6. Type your work street number; it will provide a drop-down list. Click your address	
7. Enter your e-mail address, telephone number, and fax number	

8. Enter a password Retype your password Enter a challenge question. This should be a question only you know the answer to. Type the response or answer to the challenge question Retype the response or answer to the challenge questions **If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name, and last four digits of your social security number.**	* Password * Retype Password * Challenge Question * Challenge Response * Retype Response [Password length between 6-8] ex:What is your favorite color? ex:Blue
9. Click the CREATE PROFILE button	CREATE PROFILE
10. You should see a message about the profile being successfully created. Make note of your User ID	PROFILE SUCCESSFULLY CREATED. Your ASAP User ID has successfully been generated. Your User ID is: USERL Request Access

----- Please continue to Step B. -----

STEP B. Request SMHW access

- Open Internet Browser and enter address
https://healthapps.dhss.mo.gov/asap_web/ASAPLogin.aspx
- Click Yes to any security messages

1. Type the User ID and Password you created in Step A. 2. Click the SIGN IN button. **If ASAP did not prompt you to create a password, your password was automatically set to first letter of first name, first letter of last name, and last four digits of your social security number.**	
3. Click the 'Completing for Self' option. 4. Click the NEXT button.	
5. Click 'HEALTH APPLICATIONS' for Area Type. 6. Click 'SHOWMEHEALTHYWOMEN' for Health Area Type. 7. Click 'ADD ACCESS' for Request Type. 8. Choose SMHWPROVIDER (**FOR USE BY SMHW PROVIDER ONLY) from the Role drop down list. Choose NONE for other role/report type. 9. Optional: Type in any comments 10. Type in the Effective Date	

11. If not entering data for additional agencies, leave defaulted to 'NO'. 12. To select other agencies, select 'YES' and pick the county and the agency from the the dropdown list	Do you enter Data for Additional Agencies? ☒ YES ☐ NO To pick additional Agencies, Choose the respective County *County: ADAIR - 001 *Agency: ADAIR COUNTY HEALTH DEPARTMENT <table border="1"> <thead> <tr> <th>ADD</th><th>ADDRESS</th><th>City</th><th>State</th><th>Zip</th></tr> </thead> <tbody> <tr> <td>☒</td><td>1001 S JAMISON</td><td>KIRKSVILLE</td><td>MO</td><td>635010000</td></tr> </tbody> </table>	ADD	ADDRESS	City	State	Zip	☒	1001 S JAMISON	KIRKSVILLE	MO	635010000
ADD	ADDRESS	City	State	Zip							
☒	1001 S JAMISON	KIRKSVILLE	MO	635010000							
13. Click the 'I Agree' button. 14. Click the 'Submit Form' button.	I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROV ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY 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) SUSPENSION, (2) CIVIL COURT AND (3) DISMISS. CONFIDENTIALITY ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE. I Agree Quit Submit Form										
A message should appear stating the request was successfully completed. Print a copy of the completed form for agency records.	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. Printer Friendly Copy FILL OUT ANOTHER ACCESS FORM										

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

Telephone: 573.751.6388 or 1.800.347.0887
E-mail: Support@health.mo.gov