



All MMIS & MnCHOICES Access Request

Send form as an email attachment to: securityliaison@ucare.org

Action Requested (Select multiple if needed)

Add MMIS Access: New	My MMIS Confidentiality Agreement is attached	Reactivate
Add Revised MnCHOICES Access		
Request Change to User Information (Name, Phone, Address, Supervisor, etc.)		
Terminate All Access		

*** Required Fields**

Worker Information

*Login ID (PW or X Number):	(If requesting a new login ID type 'New')
*Prefix Title (Ms., Mr., Dr.):	
*First Name:	*Middle Initial (or None if NA):
*Last Name:	
Former Name:	
*Phone:	
*Agency Email:	
*Job Title:	
*MnCHOICES Staff Role (Select all that apply): <input type="checkbox"/> Certified Assessor/Care Coordinator MSC+/MSHO <input type="checkbox"/> Care Coordinator SNBC <input type="checkbox"/> Support Staff <input type="checkbox"/> Rate Staff <input type="checkbox"/> Agency Reports <input type="checkbox"/> Lead Agency Supervisor <input type="checkbox"/> Delegate Supervisor	
*TrainLink ID (Certified Assessor only):	* I have completed MNCH 8010 and subsequent recertification: <input type="checkbox"/> Yes
*MnCHOICES Location Name (Example Becker-UCare):	
*Supervisor's Name:	
*Supervisor's Logon ID:	
*Street Address:	
*City:	*Zip:

*** Handling MN Information Securely: (all 7 courses are required annually)**

Course	Date Completed
Data Security and Privacy	
How to Protect Information	
Managing Security Information Problems	
Federal Tax Information	
Social Security Administration Information	
Protected Health Information	
Data Security for County Staff and Assisters	

Comments or additional information: