UCare

All MMIS & MnCHOICES Access Request

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

*Action Requested (Select multiple if needed)

Add MMIS Access: New	Reactivate
Add Revised MnCHOICES Access	
Request Change to User Information (Name, Phone, Address, Supervisor, etc.	
Terminate All Access	

Worker Information
* Required Fields

*Login ID (PW or X Number):	(If requesting a new login ID type 'New')
*Prefix Title (Ms., Mr., Dr.): Select	
*First Name:	***Middle Initial** (or None if NA):
*Last Name:	
Former Name:	
*Phone:	
*Agency Email:	
*Job Title:	
*MnCHOICES Staff Role (Select all that apply): ☐ Certified Assessor ☐ Care Coordinator MSHO/MSC+ ☐ Care Coordinator SNBC ☐ Support Staff ☐ Rate Staff ☐ Agency Reports ☐ Lead Agency Supervisor ☐ Delegate Supervisor	
*TrainLink ID (Certified Assessor only):	
*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	

Select File, Save as to save a copy of the completed form for your records and email form as an attachment to the email listed above.

Comments or additional information: