Complete the blue sections, save to your local computer, and submit to DSCYF\_Contracts\_Forms@Delaware.Gov

Forms for NEW users will not be processed without the Acceptable Use form and Confidentiality form.

Access Forms that are handwritten or do not have an effective date will not be processed.

|  |
| --- |
| **Request Type** |
| Effective Date: Click or tap to enter a date.  New User  Inactivate User  Information Change Identify the change needed: Enter text |
| **Provider Person Information** |
| First Name Last Name Middle NameFormer Name(if changing name)  Enter text Enter text Enter text Enter text |
| DOB SSN last 4 digits Gender Race Ethnicity  Enter text Enter text  Choose an item Choose an item. Choose an item. |
| Provider Name Job Title Supervisor  Enter text Enter text  Yes  No |
| Email Work Phone Ext County  Enter text Enter text Enter text Choose an item. |
| **Account Requested** |
| System Access Requested Account Type Division  FOCUS Provider Portal Contractor Choose an item. |
| FOCUS Role Type FOCUS Supervisor  WorkerSupervisor Enter text |
| **Describe the function the person needs to perform in FOCUS or Portal and any additional information.** |
| * Contract number or description of service. Enter text * What will the person be utilizing FOCUS for? Enter text      * Does the person currently have access to FOCUS or Portal for another Division?  Yes  No   If so, please indicate the Division Choose an item.Explain. Enter text   * If the person is responsible for supervising others in FOCUS/Portal, please provide staff names. Enter text      * Additional Information. Enter text |
| **Provider Authorized Certification** |
| I certify that:   * I am authorized by the above-named provider to approve this form. * I/my employer is currently contracted by DSCYF, and the above information is true and correct to the best of my knowledge. * The person requires access to the systems I have indicated to complete normally assigned job tasks. * Typing my name in the “Approver’s Name” field constitutes approval and my signature.   **The person has completed a Criminal Background Check for DSCYF using the DSCYF form.** |
| Approver’s Name Title Phone Date Approved  Enter text Enter text Enter text Click or tap to enter a date. |
| Submit to the DSCYF Contracts Unit at [DSCYF\_Contracts\_Forms@delaware.gov](mailto:DSCYF_Contracts_Forms@delaware.gov) **Include 5-digit contract number in email Subject line.** |
| **DSCYF Contract Unit**  Complete this section, save to your computer, and submit toFOCUS Product Owners. |
| **Contract Administrator Name**  Provider ID Date  Enter text Enter text Click or tap to enter a date. |
| CBC (Current & Associated to Provider above)  Acceptable Use Form  Non-Disclosure/Confidentiality |
| **FOCUS Liaisons** |
| Contractor needs Access ToProfile Need Expiration Date Liaison’s Name  Enter text Enter text Click or tap to enter a date. Enter text |
| Notes: Enter text |
| Acceptable Use Policy  Non- Disclosure/Confidentiality  Completed Training  Provider>Provider Person  CBC (Current & Associated to Provider above) |

Form Effective 11/1/2022