



State of Colorado - Department of Public Health & Environment
WIC Program – Secure Compass User ID Form

Instructions: Complete this form electronically or on hard copy. Signatures from both supervisor and employee are required for initial Compass user access set up. Please attached to Elementool ticket or fax completed form to:

Fax: WIC State Office at 303-756-9926, Attn: Security Administrator.

An authorizing State WIC staff member will contact you when your request has been fulfilled. Please allow 3 business days for any updates/changes to user access.

First Name:	
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Middle Initial:	
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Last Name:	
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Work Email Address:	
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Please check all appropriate boxes:	<input type="checkbox"/> Initial Compass User Access <i>(Supervisor <u>and</u> employee signature required)</i>
	<input type="checkbox"/> Change/Add Add Clinics
	<input type="checkbox"/> Change/Add Compass Security
	<input type="checkbox"/> Voluntary Separation
	<input type="checkbox"/> Other :

Employee’s Local Agency/Clinic Access:

Local Agency/Clinic *(e.g. 4- 4502 Rocky Ford WIC Clinic):*

All Clinics within Local Agency *(e.g. 4 Rocky Ford WIC Clinic)*

Select all appropriate job types of the employee:

<input type="checkbox"/> WIC Educator	<input type="checkbox"/> WIC LARC
<input type="checkbox"/> WIC High Risk Counselor	<input type="checkbox"/> WIC BF Coordinator
<input type="checkbox"/> WIC Director/Clinic Supervisor/Coordinator	<input type="checkbox"/> WIC BF Peer Counselor
<input type="checkbox"/> WIC Admin. Asst/Program Asst/Receptionist	<input type="checkbox"/> Health Dept. Receptionist <i>(Intake and schedule only)</i>

Additional Comments/Considerations:

Supervisor/Director Signature:		Date:	
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REQUIRED FOR INITIAL COMPASS USER ACCESS

Data Security, Use, and Confidentiality Agreement: In consideration of my access to the Compass system and information, I agree to the following:

- I will not reveal my Compass password to anyone.
- I understand that it is a violation of security rules to attempt to use someone else’s Compass password or to allow anyone else to use my password to gain access to the system.
- I will change my Compass password immediately if it becomes known to anyone else, and notify my supervisor that this has occurred.
- I understand the use of the Compass system or other WIC resources for personal financial gain is not permitted and could result in immediate dismissal and/or criminal prosecution.
- I will not issue food instruments or eWIC cards to my relatives or myself, as this constitutes fraud.
- I will not disclose Compass system or WIC participant data to any unauthorized person(s). If unsure who is authorized to access the information, I will check with my supervisor or the State WIC office point of contact who manages this information.
- I will not alter any settings, including data or time, which would allow me to falsify records or circumvent WIC policy.
- I understand that violation of WIC system security policy and procedures is subject to disciplinary action.
- I understand that it is a violation of U.S. Government laws to copy or borrow, for personal use, software packages owned by the State of Colorado or my employer agency.
- I understand that it is a violation of WIC policy to alter the Compass software or attempt to load unauthorized software onto WIC equipment.

Employee Signature:		Date:	
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State Office Only

State Security Administrator completing this Request:		Date:	
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