



State of Illinois
Department of Human Services
E-Cornerstone User ID
Action Request

ACTION REQUESTED

<input type="checkbox"/> Add New User	<input type="checkbox"/> Add Security Administrator
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TO BE COMPLETED BY LOCAL AGENCY: (Please Print)

User's Last Name	First Name	Agency Number	User ID (Assigned by DHS)
Agency Name	Work Address (Street and City)	Phone Number A/C ()	

Remarks

I understand that the use of the IDHS Cornerstone computer system and all IDHS related equipment, software, programs, data, manuals and facilities is intended for and may only be used for the purpose of accomplishing the official business of the Department of Human Services. I understand that Illinois statute and IDHS policy prohibit disclosure or discussion of any confidential IDHS information without proper written authorization. I understand that I am personally responsible for all usage under my user ID and I agree not to share or give my User ID or Password to anyone. I further understand that system usage is logged and my access to use the system may be denied or revoked by the IDHS.

User signature
Date

APPROVALS

Agency Supervisor (required)	Date	DHS BSPQA Initials	Date
Regional Administrator (required)	Date		

Fax the completed form to the appropriate IDHS DCH&P Regional Administrator