

## COUNTY CMIPS II USER ID CONFIRMATION CDSS COPY

The **CDSS CMIPS II USER ID CONFIRMATION FORM** is used to inform CDSS when a user is added, modified or terminated in the CMIPS II. The information on this form must be kept current. It must be signed by the County/Public Authority Authorized Approver of person requesting access. It must also be signed by the user before he/she obtains access to CMIPS II. When an employee separates from the Department an updated copy of this form must be submitted to the CDSS CMIPS II Unit.

Counties can email completed forms to CDSS at [CMIPSID@dss.ca.gov](mailto:CMIPSID@dss.ca.gov) or fax to the CMIPS II Unit at (916) 651-5256.

### USER INFORMATION

Action to be Taken

Add     Modify     Terminate     Deactivate     Reactivate

User's Name

First Name

Last Name

Mr.     Mrs.     Ms.

Duties

County

User Role

Effective Date (MM/DD/YYYY)

Authorizing Manager's Name

First Name

Last Name

Authorizing Manager's  
Phone Number

Authorizing Manager's Email

I acknowledge that the above user has a business need to access CMIPS II and has been informed that they must use the access according to HIPAA Privacy Rules for appropriate business purposes and will take reasonable precautions to protect the confidential and sensitive data in these systems and applications.

Authorizing Manager's Signature

Date

### User Acknowledgement: Must be signed by the user above prior to being granted access to CMIPS II

I acknowledge that I have a business need to access CMIPS II and have been informed that I must use this access, according to HIPAA Privacy Rules, for appropriate business purposes directly related to the administration of the IHSS program and will take reasonable precautions to protect the confidential and sensitive data in these systems and applications.

User Signature

Date

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**INSTRUCTIONS ON FILLING OUT COUNTY CMIPS II USER ID CONFIRMATION FORM  
CDSS COPY**

These instructions are to assist a requesting agency in completing the ID confirmation form. Please be sure to complete the form in its entirety. If you need assistance or have questions, please contact the CDSS Adult Programs Systems Unit at (916) 551-1003.

**User Information**

**Action To Be Taken** – Check appropriate box.

**User's Name** – Check appropriate box and then enter first and last name of User.

**Duties** – Enter title and the User's business need for access to CMIPS II  
(e.g. Social Worker, Intake Worker).

**County** – Enter User's county name.

**User Role** – Enter User's Role.

**Effective Date (MM/DD/YYYY)** – Enter effective date. Month and day must have two digits  
(e.g.01/05/2012).

**Authorizing Manager's Name** – Enter first and last name of Authorizing Manager.

**Authorizing Manager's Phone Number** – Enter Authorizing Manager's telephone number.

**Authorizing Manager's Email** – Enter Authorizing Manager's email address.

**Read completely the acceptance statement**

**Authorizing Manager's Signature** – Enter Authorizing Manager's signature.

**Date** – Enter date Authorizing Manager signed form.

**User Acknowledgement: Must be signed by the user prior to being granted access to CMIPS II.**

**Read completely the acceptance statement.**

**User's Signature** – Enter User's signature.

**Date** – Enter date User signed form.