

Ohio Department of Job and Family Services
SETS USER ACCESS APPLICATION

In accordance with Ohio Administrative Code rule 5101:12-1-15, the Ohio Department of Job and Family Services is responsible for monitoring access to and use of SETS to prevent and promptly identify unauthorized use. This application must be completed to add, modify, or terminate a user's access to SETS and faxed to 614-995-0118, **ATTN: ODJFS Information Security Unit (INFOSEC).**

Section A – To be completed by all applicants/users

1. User Information

User's Name:

Job Title:

Telephone Number:

Business E-mail Address:

Novell User ID:

SETS User ID /

Printer ID

2. Area the user works in (check one below)

CSEA or CSEA Contract Staff (complete **Section B & Sign**)

Name of County Agency: Cuyahoga Job and Family Services

If contract staff, name of vendor: _____

County or County Contract Staff (Complete **Sections C & Sign**)

Name of County Agency: _____

If contract staff, name of vendor: _____

State or State Contract Staff (Complete **Section D & Sign**)

Name of State Agency: _____

If contract staff, name of vendor: _____

Other staff (complete **Section D & Sign**)

Name of Agency/Office: _____

3. The following action regarding the applicant's/user's SETS access is requested:

Add applicant

Modify user's access

Terminate user's access

Section B – Only complete when applicant/user is CSEA or CSEA Contract Staff

1. Job Duties (check all that apply)

CSEA Manager/Supervisor

Paternity Establishment

Support Collections/Disbursements

CSEA Administration/Fiscal

Support Establishment/Review

CSEA Clerical

Location

Enforcement

Section C – Only complete when applicant/user is County or County Contract Staff

1. Job Duties (check all that apply)

IV-A (OWF) Eligibility

Food Stamps Eligibility

Law Enforcement (Courts)

Medicaid Eligibility

Title XX Eligibility

Law Enforcement (Prosecutor's Office)

Workforce Development

Other: _____

2. Describe how access to SETS is essential to the applicant's/user's job duties:

Section D – Only complete when applicant/user is State or State Contract Staff

1. Check the division within OCS or the name of the state office or vendor for whom the applicant/user works

OCS Automated Systems Division

OCS Programs Division

OCS Operations Division

Other Agency/Office/Vendor: _____

2. Describe how access to SETS is essential to the applicant's/user's job duties:

By my signature below, I attest that the information I have provided on this form is complete and accurate.

User Signature

Date

Section E – To be completed by applicant's/user's supervisor or the local security coordinator

Add SETS Security Level & Profile

Modify SETS Security Level & Profile

Security Level: _____

Profile 1: _____

Profile 2: _____

Security Level: _____

Profile 1: _____

Profile 2: _____

FROM

TO

I attest that the profile and security level requested by the employing/contracting agency for this individual accurately reflects the job title, duties, and responsibilities performed by this individual.

Supervisor or Local Security Coordinator Signature

Phone Number

Date

Section F – To be completed by Office of Child Support

Application Approved

Application Denied

OCS Authorized Point of Contact Signature

Date