



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
OWCI ONLINE ACCESS REQUEST APPLICATION

NAME		SOCIAL SECURITY NUMBER (FULL SOCIAL SECURITY NUMBER REQUIRED)	
AGENCY/SUPPLIER NAME			
ADDRESS			
PHONE		BUSINESS EMAIL (REQUIRED)	
PLEASE NOTE EACH 9-DIGIT SUPPLIER NUMBER THAT YOU WOULD LIKE ACCESS TO: (ATTACH ADDITIONAL SHEET, IF NECESSARY)			
Action Requested: <input type="checkbox"/> I am a new user and would like access to the LIHEAP online system. <input type="checkbox"/> My access was revoked because I did not login within the past 30 days. I believe my LIHEAP User ID is _____. <input type="checkbox"/> Please delete the User ID/Access for this staff member immediately: _____ (name). <input type="checkbox"/> Name. My prior name was _____ and my new name is _____. <input type="checkbox"/> Other (Explanation required): _____			
Requested Access for Energy/Water/Wastewater Suppliers: <input type="checkbox"/> Read-only <input type="checkbox"/> Ability to make changes			
Requested Access for Contracted Agency: <input type="checkbox"/> Inquire-only <input type="checkbox"/> Ability to make changes <input type="checkbox"/> Manager authorization <input type="checkbox"/> Add DCN			
REQUESTOR'S SIGNATURE		DATE	
SUPERVISOR'S SIGNATURE		DATE	
<p>An incomplete application may result in delayed processing of your security request. Please return complete packet to OWCI Staff via fax 573-522-9557 or email FSD.LIHEAP@dss.mo.gov. Once processed, FSD staff will email the necessary information to log into the system to the email address provided above.</p> <p>Confidentiality Notice: If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.</p>			
OFFICE USE ONLY			
SUPPLIERS <input type="checkbox"/> DFSSP147 (ADD) <input type="checkbox"/> DFSSP148 (DELETE) <input type="checkbox"/> FEASP _____ <input type="checkbox"/> FEASP _____ <input type="checkbox"/> FEASP _____ <input type="checkbox"/> FEASP _____ <input type="checkbox"/> FEASP _____ <input type="checkbox"/> FEASP _____ <input type="checkbox"/> FEASP _____ <input type="checkbox"/> FEASP _____ <input type="checkbox"/> FEASP _____			
CONTRACTING AGENCY <input type="checkbox"/> DFSSP141 (INQUIRE) <input type="checkbox"/> DFSSP143 (DCN, 3 MAX) <input type="checkbox"/> DFSSP144 (UPDATE) <input type="checkbox"/> DFSSP145 (MANAGER) <input type="checkbox"/> DFSSP146 (DSS) <input type="checkbox"/> DELETE			
STAFF INITIALS		DATE SENT TO SECURITY	