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:

☐ I am a new user and would like access to the LIHEAP online system.
☐ My access was revoked because I did not login within the past 30 days. I believe my LIHEAP User ID is _____.
☐ Please delete the User ID/Access for this staff member immediately: _____ (name).
☐ Name. My prior name was _____
and my new name is _____.
☐ Other (Explanation required): _____.

Requested Access for Energy/Water/Wastewater Suppliers:

☐ Read-only
☐ Ability to make changes

Requested Access for Contracted Agency:

☐ Inquire-only
☐ Ability to make changes
☐ Manager authorization
☐ Add DCN

REQUESTOR'S SIGNATURE	DATE

SUPERVISOR'S SIGNATURE	DATE

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.

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.

OFFICE USE ONLY

SUPPLIERS
☐ DFS$P147 (ADD) ☐ DFS$P148 (DELETE) ☐ FEA$P_____ ☐ FEA$P_____ ☐ FEA$P_____ ☐ FEA$P_____
☐ FEA$P_____ ☐ FEA$P_____ ☐ FEA$P_____ ☐ FEA$P_____ ☐ FEA$P_____

CONTRACTING AGENCY
☐ DFS$P141 (INQUIRE) ☐ DFS$P143 (DCN, 3 MAX) ☐ DFS$P144 (UPDATE)
☐ DFS$P145 (MANAGER) ☐ DFS$P146 (DSS) ☐ DELETE

STAFF INITIALS	DATE SENT TO SECURITY