

WIC System Access Request

Last Name: _____ First Name: _____ Middle Name: _____

DOB: _____ C/P #: _____

Phone Number: _____ Email Address: _____

Submit completed form to MontanaWICProgram@mt.gov

Requires access to:

- State E-Mail Address SIS M-Spirit Access FOB

Roles Request:

Clinic: <input type="checkbox"/> Aide* <input type="checkbox"/> Breastfeeding Coordinator <input type="checkbox"/> Breastfeeding Peer Counselor* <input type="checkbox"/> CPA* <input type="checkbox"/> FMNP Benefits Issuer* <input type="checkbox"/> WIC Director <input type="checkbox"/> LARC <input type="checkbox"/> RD* <p style="text-align: center;">*Documentation of education/training must be provided to the State Office before these roles can be assigned.</p>

State Office: <input type="checkbox"/> Epidemiologist <input type="checkbox"/> Finance <input type="checkbox"/> Nutrition <input type="checkbox"/> State View <input type="checkbox"/> Vendor Admin <input type="checkbox"/> IT

Other: <input type="checkbox"/> Time Study <input type="checkbox"/> SOAR <input type="checkbox"/> WICSmart <input type="checkbox"/> Reports <input type="checkbox"/> Teletask <input type="checkbox"/> Tableau <input type="checkbox"/> Other: _____

At the Following Agencies: <input type="checkbox"/> Beaverhead <input type="checkbox"/> CSKT <input type="checkbox"/> Fort Peck <input type="checkbox"/> Missoula <input type="checkbox"/> Rocky Boy <input type="checkbox"/> Big Horn <input type="checkbox"/> Custer OneHealth <input type="checkbox"/> Gallatin <input type="checkbox"/> Northern Cheyenne <input type="checkbox"/> Sanders <input type="checkbox"/> Blackfeet <input type="checkbox"/> Dawson <input type="checkbox"/> Glacier <input type="checkbox"/> Park <input type="checkbox"/> Silver Bow <input type="checkbox"/> Carter <input type="checkbox"/> Deer Lodge <input type="checkbox"/> Hill <input type="checkbox"/> Pondera <input type="checkbox"/> Teton <input type="checkbox"/> Cascade <input type="checkbox"/> Fergus <input type="checkbox"/> Lake <input type="checkbox"/> Ravalli <input type="checkbox"/> Toole <input type="checkbox"/> Chouteau <input type="checkbox"/> Flathead <input type="checkbox"/> Lewis and Clark <input type="checkbox"/> Richland <input type="checkbox"/> Valley <input type="checkbox"/> Crow <input type="checkbox"/> Fort Belknap <input type="checkbox"/> Lincoln <input type="checkbox"/> Riverstone <input type="checkbox"/> Other: _____

State Office Use only: Access requested Above: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____ State Nutritionist Signature & Date: _____

IT Notes Only:
