

Tips for Filling Out the CAM ODDS Access Request Form

The access form should be filled out and sent in by the approving manager/supervisor to cam.support@odhsoha.oregon.org

Section 1: Please fill out all applicable fields in this section, providing as much information as possible.

Note: For Program, select only the Entity/Umbrella you work under. It is not the section to choose what access is needed. For example, only select State Child Res if the user is part of this specific Program.



CAM ODDS Access Request Form

This Form is For Management Use Only

CAM Access Request: Add Access Modify Access Remove Access

Program: DD SI Only CIIS DD Central Staff State Child Res

Note: If access to Child Cases is needed, please fill out the OTIS CAM Access form found in Knowledge in CAM and send to OTIS.CAM for approval.

General User Information:

First Name: Enter Name **Middle Name:** Enter Name **Last Name:** Enter Name

Agency: Click or tap here to enter text. **Title:** Enter Title **Email:** Enter Email

Address: Enter Address **Phone:** Enter Phone # **User ID Number (OR#/P#):** Enter #

Counties: Enter Text

User's Manager Name: Enter Name **Manager's User ID (OR#/P#):** Enter ID

Section 2: Multi-Factor Authentication (MFA) - Knowing which Authenticator the staff will be using will allow us to send the correct set-up directions. Please verify which MFA application your agency uses.

Multi-Factor Authentication (MFA) Device: Please select the device staff will be using for Multi Factor Authentication (MFA).										
<table border="1"><tr><td>Mobile App</td></tr><tr><td><input type="checkbox"/> Microsoft Authenticator</td></tr><tr><td><input type="checkbox"/> Salesforce Authenticator</td></tr><tr><td><input type="checkbox"/> Google Authenticator</td></tr><tr><td><input type="checkbox"/> Authy by Twillo</td></tr></table>	Mobile App	<input type="checkbox"/> Microsoft Authenticator	<input type="checkbox"/> Salesforce Authenticator	<input type="checkbox"/> Google Authenticator	<input type="checkbox"/> Authy by Twillo	OR	<table border="1"><tr><td>Security Key</td></tr><tr><td><input type="checkbox"/> Yubico's YubiKey</td></tr><tr><td><input type="checkbox"/> Google's Titan Security Key</td></tr></table>	Security Key	<input type="checkbox"/> Yubico's YubiKey	<input type="checkbox"/> Google's Titan Security Key
Mobile App										
<input type="checkbox"/> Microsoft Authenticator										
<input type="checkbox"/> Salesforce Authenticator										
<input type="checkbox"/> Google Authenticator										
<input type="checkbox"/> Authy by Twillo										
Security Key										
<input type="checkbox"/> Yubico's YubiKey										
<input type="checkbox"/> Google's Titan Security Key										

Section 3: If you are not certain about which Profile, Role, or Type to choose, please make sure to tell us about the job responsibilities in the Access Justification and Additional Notes section.

To determine User Type, Profile, and Role please reference the Crosswalk at the end of this document. The User Type, Profile, and Roles are linked together. If you choose a User Type, you must choose the Profile and Role on the same row in the Crosswalk when completing the Access Request.

For example:

If a User is a Director, the Access Request form should request User Type = Brokerage Director, Profile = Brokerage Director, and Role = Brokerage Director

If a User is a Service Coordinator for Marion County, the Access Request form should request User Type = Case Manager, Profile = Serious Incident Only, and Role = DD Marion County Case Manager

Access Justification and Additional Notes:

Provide a complete description of work user will do in CAM. If working with multiple counties, please indicated duties for each.

User Type: Choose Type **CAM Profile:** Choose Profile **CAM Role:** Resource Connections of Oregon

Program: Choose Program **Responsible Counties:** Enter Counties

Pre-Approved Permissions Set(s):

View Knowledge Articles Lightning Multi Factor Authenticator Create Reports

Section 4: A signature is not necessary in the document itself as long as we have supervisor/management approval stated within the email.

User's Supervisor Signature/Approval:

Supervisor Approving Access: <u>Enter Name.</u>	Date: <u>Click or tap to enter a date.</u>
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Access requests must be emailed from the approving supervisor to
CAM.SUPPORT@odhsoha.oregon.gov

Reminder: Please remember to attach all three documents to the email:

- CAM ODDS Access Request Form
- ODHS/OHA - ISPO – Information Security and Privacy Awareness Course for Partners/Providers (for the Current year)
- ODHS - DD - CAM Serious Incident - DD user training