

Illinois Department on Aging NETWORK AGENCY SECURITY ADMINISTRATOR (NASA) ACTION REQUEST

The Authorized Representative is the person at your organization who has signature authority to sign IDoA contracts. For Providers, the Authorized Representatives are listed on your IDoA Legal Entity application. The Authorized Representative approves the NASA Administrator with this form. The role of the NASA Administrator is to grant rights to Users of IDoA web applications. This form is to be completed and signed by both the Authorized Representative and the NASA Administrator. List each contract number for which this NASA Administrator is authorized.

Action Requested: Add New NASA	Delete Current NASA	Change NASA Information
--------------------------------	---------------------	-------------------------

Agency Information				
Legal Name of Agency Contracting with IDoA:				
DBA if applicable:	FEIN #:			
Name of Agency Authorized Representative:				
Address:		C	ity:	
		St	tate:	Zip:
Network Agency Security Administrator (NASA) Information				
Last Name:	First Name:			
Email Address:			Phone #:	

List each contract number for which this NASA Administrator is authorized.

Contract Number	Contract Number	

I, the undersigned, am hereby advised and understand that State law strictly forbids my use of State of Illinois resources for any purpose other than Official State business. Any unauthorized usage of State resources will be cause for severe disciplinary action. Further, I understand that Illinois statute and Certificate Authority policy prohibits disclosure or discussion of any State customer information or other confidential information with anyone outside the proper authorization level. Further, I am hereby advised and understand the requirements for nondisclosure of any confidential password information acquired by me whether such information pertains to my individual password or the password(s) of others. I will exercise diligence in the safekeeping of password information and will report unauthorized disclosure promptly to the State Certificate Authority.

Agency Authorized Representative Signature	Date
Network Agency Security Administrator (NASA) Signature	Date
IDoA Approval	Date

Please email completed form to aging.nasaform@illinois.gov

	State of Illinois Inclu Department on Aging NETWORK AGENCY SECUR The Authorized Representative is the per- contracts. For Providers, the Authorized Re The Authorized Representative approves Administrator is to grant rights to Users o both the Authorized Representative and to Administrator is authorized. Action Requested: Add New No	on at your organization who has si epresentatives are listed on your ID the NASA Administrator with this fo IDoA web applications. This form i he NASA Administrator. List each co NAA Delete Current NASA	gnature authority to si JoA Legal Entity applic orm. The role of the NA is to be completed and	ign IDoA ation. ISA I signed by nich this NASA	
		Agency Information			
	Legal Name of Agency Contracting with				
	DBA if applicable:		EIN #:		
This is the person who signs	Name of Agency Authorized Representat	lve:			
your contracts	Address:		City:		
			State:	Zip:	
	Network Ager	cy Security Administrator (NASA) Inf	formation	/	This is the person who will grant
· · · · · · · · · · · · · · · · · · ·	Last Name:	First Name:		<pre></pre>	rights to others in eCCPIS/UMP
	Email Address:		Phone #:		
This is the person who signs your contracts	List each contract number for which this Contract Num Contract Num Con	nber Contract Contract dtata dtataa dtata dtataa dtataaa dtataaaa dtataaa dtataaaa dtataaaa dtataaaaa dtataaaaa dtataaaaaaaa	Number	iderstand that infidential ts for assword or the sure promptly to	
					s is the person who will grant rights to others in eCCPIS/UMP
· · · ·	Network Agency Security Administrator (NASA) Sign DoA Approval	lture	Date		to others in eccersyome
	Please email co	mpleted form to <u>aging.nasaform@i</u>		402-1378 (5/15/24)	