



California Department of Social Services  
CalFresh Confirm  
**User Access Form\***

This document is used to grant, modify, or remove individual-level access to the California Department of Social Services (CDSS) CalFresh Confirm and CalFresh Employment & Training (E&T) Confirm systems (hereafter collectively referred to as "CalFresh Confirm"). The information on this form must be kept current. This form, along with an Organization Access Form, must be completed and signed before access will be granted. When an employee separates from the organization, requests to terminate access must be submitted as soon as possible and no later than 30 days after the employee's separation date. Please only include information for **one employee** for each user access form.

**User Information**

Organization Name: \_\_\_\_\_

Organization Contract/Agreement Number (if applicable): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

If changing name, please provide former name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Each user must have unique access to the system. Employee email addresses will be tied to user account.

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Please check only one:

- ☐ New Access
- ☐ Change Access
- ☐ Terminate Access
- ☐ Other: \_\_\_\_\_

Access Type:  
(select all that apply)

- ☐ CalFresh Confirm
- ☐ CalFresh E&T Confirm

Effective Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

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**User Acknowledgements**

As an authorized user of the CalFresh Confirm, I agree to the following:

The CDSS is providing me access in order to aid in performing my job duties. The CDSS will grant system access to me as specified in this document. I will use the system access for appropriate business purposes only.

CalFresh Confirm must only be used with express permission of current or previous CalFresh recipient(s). Personally Identifiable Information needed to conduct a confirmation should be collected directly from the recipient. Unauthorized confirmations are not allowed.

I will have access to confidential public social services applicant and participant information for which there is an expectation of privacy. I shall protect, secure, and keep confidential all such information in compliance with all applicable federal, state, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures relating to confidentiality and information security, as well as County and CDSS guidelines, directives, policies, and procedures relating to same. I shall not send, disseminate, or otherwise expose or disclose to any person or organization, any personal and/or confidential information, unless specifically authorized to do so by CDSS management. I agree to forward all requests for the disclosure or release of any CalFresh Confirm information or data received by me to my immediate supervisor or manager.

Confirmation results (CalFresh Confirm product data) that are printed must be placed in a locked drawer or locked cabinet when not in use. When printing sensitive information, documents must be immediately removed from the printer. Product data (in any format) may not leave the project site unless properly secured and then only for the purpose of transfer to a location authorized by the CDSS. All printed product data must be shredded when no longer subject to CDSS and organizational retention policies.

Any actions conducted within CalFresh Confirm must also be compliant with any agreements between the county, tribe, or state partner organizations and my organization, including memorandums of understanding (MOUs), contracts, partnership agreements, or otherwise.

CalFresh Confirm product data that includes sensitive and/or confidential information may be transported electronically **ONLY** by secure File Transfer Portal (FTP). Personnel may not use unsecured file transfer platforms, such as email or Instant Messenger applications, to transfer data.

Personnel must only use hardware and software supplied by the organization or is otherwise authorized by their supervisor or Technical Support.

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Prior to leaving my work area, I will log off from CalFresh Confirm systems or electronically lock my computer (including PCs, laptops, servers, and workstations).

I will not subvert or bypass any security measures which have been implemented in order to control or restrict access to CalFresh Confirm nor will I attempt to use CalFresh Confirm in order to gain unauthorized access to any other computer systems or networks.

I am responsible for maintaining the secrecy of my CalFresh Confirm account and password, and I am fully responsible for all activities that occur with my account and password. I will not permit others to use my account or password in order to access CalFresh Confirm. I shall not keep or maintain any unsecured record of my password, whether on paper, in an electronic file, or otherwise. I will immediately notify my immediate supervisor, manager, or local Information Security Officer of any unauthorized use of my account or password and will change my password immediately.

I understand that my searches, no matter the results, will be recorded. All searches may be subject to review by my organization's management, the county, or CDSS if misuse is suspected.

If I suspect or become aware of any breach or potential breach of this Policy by the Organization, personnel, or outsiders, I will immediately contact my direct supervisor or CDSS directly, as appropriate.

I recognize that my failure to abide by this Agreement and fulfill my security and confidentiality responsibilities could result in the abuse of confidential county information resources and data, and that the CDSS may hold me responsible for such abuse. Wrongful access, inspection, use or disclosure of confidential CalFresh Confirm information for personal gain, curiosity, or any non-business-related reason is a crime under State and federal laws, including, but not limited to, the provisions of California Penal Code Section 502(c).

I further understand that my non-compliance with any provision of this Agreement may result in disciplinary action and other actions (e.g., suspension, discharge, denial of access, and termination of contracts) as well as both civil and criminal penalties and that the CDSS may seek all possible legal redress.

I HAVE READ THIS AGREEMENT AND HAVE TAKEN DUE TIME TO CONSIDER IT PRIOR TO SIGNING. I UNDERSTAND THIS ENTIRE CALFRESH CONFIRM AND CALFRESH E&T CONFIRM SYSTEM USER AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS PROVISIONS:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I HAVE READ THIS AGREEMENT AND UNDERSTAND THAT THE EMPLOYEE IS SUBJECT TO THE CALFRESH CONFIRM AND CALFRESH E&T CONFIRM USER AGREEMENT. I UNDERSTAND THAT, IF EMPLOYEE IS FOUND TO BE UNCOMPLIANT, AN INVESTIGATION INTO EMPLOYEE AND ORGANIZATION CONDUCT MAY OCCUR AND ORGANIZATION ACCESS MAY BE SUSPENDED OR TERMINATED. I AGREE TO TAKE APPROPRIATE ACTION IF EMPLOYEE IS FOUND TO ACT IN DEFIANCE OF THIS AGREEMENT:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CalFresh E&T Users Only**

Counties and state partners may opt to allow subgrantees to approve their own staff access. Counties and state partners may also opt to review all user requests prior to submission to CDSS. If the county and/or state partner has elected to review all user requests, please obtain the appropriate signatures below. Please refer to the signature section of the partner's Organization Access Form to determine if these signatures are needed.

I HAVE READ THIS AGREEMENT AND AUTHORIZE THE USER TO PERFORM CALFRESH E&T ELIGIBILITY VERIFICATIONS ON BEHALF OF THE CALFRESH E&T PARTNER ORGANIZATION. I HAVE READ THIS AGREEMENT AND UNDERSTAND THAT THE ORGANIZATION, INCLUDING ALL PERSONNEL, ARE SUBJECT TO THE CALFRESH CONFIRM AND CALFRESH E&T CONFIRM ORGANIZATION USE POLICIES AND CONFIDENTIALITY AGREEMENT. THE ABOVE USER IS SUBJECT TO THE CALFRESH CONFIRM USER ACKNOWLEDGEMENTS. I UNDERSTAND THAT, IF THE USER IS SUSPECTED OR FOUND TO BE UNCOMPLIANT, THE STATE PARTNER AND/OR COUNTY MUST REPORT THE ORGANIZATION AND/OR USER TO CDSS AND AN INVESTIGATION MAY BE CONDUCTED. THE USER MAY HAVE ACCESS TERMINATED OR SUSPENDED. I AGREE TO TAKE APPROPRIATE ACTION IF THE USER IS FOUND TO ACT IN DEFIANCE OF THIS AGREEMENT:

County Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

County Name/Staff Title: \_\_\_\_\_

State Partner Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

State Partner Name/Staff Title: \_\_\_\_\_

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**CDSS Staff Only**

☐ Approved

Comments:

☐ Denied

Access Granted Date: \_\_\_\_\_

Access Expiration Date: \_\_\_\_\_

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