## **ISETS Initial User list**

Provider Organization Name	Employee First Name	Employee Last Name	Employee Title	Role (choose one)		Zip Code (choose the best office location)		Employee mobile phone	Employee dateof birth (used for account recovery)
By submitting this list I hereby attest that every person listed is a lawful employee of this organization and in order to fulfill their job duties and the contract obligations of the above listed organization, will need access to the ISETS data system. Further, I attest that every employee has been trained on data protection protocol and confidentiality as it pertains to IDHS SNAP customer data. Signing this form indicates all users agree to abide by the conditions outlined in the security disclosure statement.									
Signature		-	Organization Administrator Name			-	Date	-	