**eWiSACWIS User Agreement**

All employees, subcontractors, or other individuals who will have access to eWiSACWIS, whether under the control of a Custodial Agency[[1]](#footnote-1) or an Accessing Agency[[2]](#footnote-2) with an External Agency Agreement on Access to eWiSACWIS, shall sign the following Agreement:

I hereby certify that I have read and understand the Department of Children and Families "Access and Confidentiality Policy for Child Welfare Data Systems" and, if applicable, the eWiSACWIS External Agency Agreement on Access to eWiSACWIS. I also certify that I am aware of the laws and regulations affecting my access to information and my ability to re-disclose any information maintained in eWiSACWIS.

I acknowledge my responsibilities under the above-noted Agreement, Policy, and laws and regulations and agree to abide by them. I understand that programs within eWiSACWIS may maintain a record of any files or other information I may access.

**I acknowledge that I must have a valid, work-related reason to access or review any record or part of a record within eWiSACWIS.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | |  |
|  | Full Name – eWiSACWIS User (Type or Print) | | |  |
|  |  | | |  |
|  | Title | | |  |
|  |  | | |  |
|  | **SIGNATURE** – eWiSACWIS User | | |  |
|  |  | | |  |
|  |  | Date Signed (mm/dd/yyyy) |  |  |

1. "Custodial Agency" means an agency which enters information into eWiSACWIS on behalf of clients it is serving. In virtually all cases, this will be the Department of Children and Families or a County Department of Human / Social Services. [↑](#footnote-ref-1)
2. "Accessing Agency" means an agency, other than the Department of Children and Families or a County Department of Human / Social Services, which, through an "External Agency Agreement on Access to eWiSACWIS," has direct access to eWiSACWIS for the purpose of viewing, adding, deleting, or modifying information in that system.

   Distribution: All user agreements must be uploaded to eWiSACWIS by the appropriate county or state security delegate.

   For County / Department staff, the original shall be maintained by the supervisor and a copy provided to the employee.

   For Accessing Agencies, the original shall be maintained by the supervisor and copies provided to the employee and the Custodial Agency. [↑](#footnote-ref-2)