

Bright Futures Information System (BFIS)

Access Request & Agreement



The BFIS Access Request & Agreement form must be completed before an employee can receive access to the internal and/or admin portals. If this form is not fully completed and signed by all parties, it will not be accepted.

Employee's Information

Full Legal Name:	Job Title:
Agency Name:	
Agency Mailing Address:	
City/State:	Zip Code:
Work Phone:	Work Email:

To Be Completed by Supervisor: Job Function(s)

A State of Vermont Designee will review and approve checked function(s).

(please select all that apply)	
<input type="checkbox"/> Agency of Education	<input type="checkbox"/> Food Program
<input type="checkbox"/> AHS Business Office	<input type="checkbox"/> Northern Lights Staff
<input type="checkbox"/> CDD Staff	<input type="checkbox"/> Reach Up
<input type="checkbox"/> Community Agency Director	<input type="checkbox"/> Referral
<input type="checkbox"/> CIS Child Care Coordinator	<input type="checkbox"/> Referral (Supervisor)
<input type="checkbox"/> CIS Coordinator (Supervisor)	<input type="checkbox"/> SOV Contractor/Agent
<input type="checkbox"/> Credential Worker (VAPC)	<input type="checkbox"/> STARS
<input type="checkbox"/> DCF IT	<input type="checkbox"/> Other (<i>explain in Additional Information box</i>)
<input type="checkbox"/> Dept. of Corrections	
<input type="checkbox"/> Dept. of Health	Extra Functions (For CDD Staff Only)
<input type="checkbox"/> Family Services Division	<input type="checkbox"/> Fingerprints
<input type="checkbox"/> FAP Eligibility Specialist	<input type="checkbox"/> Record Check Variance Request
<input type="checkbox"/> FAP Eligibility Specialist (Supervisor)	<input type="checkbox"/> Hide/Show Site Visits on Public Portal

Additional Information: Please describe the various functions the employee is expected to perform using BFIS.
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Employee meets required qualifications to perform checked job function(s). <input type="checkbox"/> Yes <input type="checkbox"/> No

Agreements and Understandings

1. Child Development Division's (CDD) General Provisions

- 1.1 The CDD will provide BFIS electronic users access to their account at <http://www.brightfutures.vermont.gov> by issuing an individualized username and secure password.
- 1.2 The CDD will provide Bright Futures Help Desk support during state business hours. You may contact the Bright Futures Help Desk at 1-800-649-2642, option 4, bfis.help@vermont.gov, or by fax at 802-241-0847.
- 1.3 The CDD will disable user account access to the BFIS if inactivity within the system is greater than 3 months. To regain access a new *Internal User Access Request & Agreement* form is required.

2. BFIS Electronic Participants Statement of Agreement and Understanding

- 2.1 I agree to keep my password secret. I understand that for my protection I will be prompted by the BFIS to change my password periodically. I understand without a valid username and password; I will not have access to my BFIS account.
- 2.2 Non-disclosure of data: I will not disclose, in whole or in part, the data available to me to conduct assigned job duties, to any third party not specifically authorized by this agreement. I will not disclose directly to, or use for the benefit of, any third party confidential information. I understand and agree that the obligations of this paragraph shall survive the expiration or termination of this agreement.
- 2.3 I will keep my contact information current by updating my account electronically, or by notifying the Bright Futures Help Desk.
- 2.4 I agree and understand that the CDD is not responsible for my acts or omissions in connection with my electronic participation.
- 2.5 I agree and understand that the CDD has the right to terminate this agreement and my access to the BFIS for any reason at any time.
- 2.6 I understand that the CDD reserves the right to change this agreement and Understandings at any time by notice e-mailed to me at the most current email listed for me in the BFIS.
- 2.7 **I agree to notify the CDD immediately if I can no longer fulfill my responsibilities as an electronic participant for any reason, including termination of employment.**

Employee's Signature

By signing this form, I certify that I have read and understand the above agreements and understandings.

Full Legal Name (Print):	
Signature:	Date Signed:

Supervisor's Information and Signature

By signing I certify that the information provided on this form is true, and accurate.

I understand that it is my responsibility to:

- provide a Contractor/Agent with a copy of the Social Security Administration (SSA)/Vermont Agency of Human Services data exchange agreement and to ensure required training is completed prior to the initial disclosure of SSA data.
- notify the Bright Futures Help Desk when there are changes in this employee's job functions, or when the account needs to be closed.
- ensure that the employee has completed the required training (if *fingerprints* and/or *record check variance request* job functions were selected on page 1), and to obtain my **managers** initials here: _____, and date: _____.

Full Legal Name (Print):	Job Title:
Work Phone:	Work Email:
Signature:	Date Signed:

Please make a copy for your records and send this completed request to:

Child Development Division
280 State Drive, NOB 1 North
Waterbury, VT 05671-1040
(Fax) 802-241-0847
(Email) bfis.help@vermont.gov