

WIC System Access Amendment

Last Name: _____ First Name: _____ Middle Name: _____

DOB: _____ C/P #: _____ Phone Number: _____ Email Address: _____

****All Fields Must Be Completed****

Submit completed form to MontanaWICProgram@mt.gov

Additional Access:

<input type="checkbox"/> SIS	<input type="checkbox"/> SOAR	<input type="checkbox"/> SWeb	<input type="checkbox"/> Tableau	<input type="checkbox"/> Teletask	<input type="checkbox"/> Time Study	<input type="checkbox"/> WICSmart
<input type="checkbox"/> Other: _____						
At the Following Locations:						
_____			_____			
_____			_____			
_____			_____			

Access Termination to be Completed by Supervisor:

Date of Termination: _____
Reason for Termination: _____
Remove all access: <input type="checkbox"/> Yes <input type="checkbox"/> No

Complete the following when only removing some access:

Access to be removed:						
<input type="checkbox"/> SIS	<input type="checkbox"/> SOAR	<input type="checkbox"/> SWeb	<input type="checkbox"/> Tableau	<input type="checkbox"/> Teletask	<input type="checkbox"/> Time Study	<input type="checkbox"/> WICSmart
<input type="checkbox"/> Other: _____						
At the Following Locations:						
_____			_____			
_____			_____			
_____			_____			

State Office Use Only:

Reason for Additional Access: _____	
State Nutritionist Signature: _____	Date: _____