



**INFORMATION SYSTEMS ACCESS AND USE AGREEMENT
INDIANA FOSTER CARE PORTAL AND KIDTRAKS USER AGREEMENT**

State Form 56856 (11-19)
DEPARTMENT OF CHILD SERVICES

This Information Systems Access and Use Agreement is hereinafter referred to as the "Access / Use Agreement" or "Agreement".

FOSTER PARENT CONTACT INFORMATION

Name of Individual Payee *		
Mailing address (number and street, city, state, and ZIP code) *		
Payee identification number (ST number)	Telephone number of Payee ()	E-mail address of Payee *

* Required field

ADDITIONAL USER ASSIGNMENT FOR THE FOSTER CARE PORTAL (OPTIONAL)

Each account may have one (1) additional person who is licensed for the Foster Home pursuant to this Agreement. This user must have a unique e-mail address that will be used to access the account.

Full Name (hereinafter referred to as "User")	E-mail Address	Telephone Number

ADDITIONAL USER ASSIGNMENTS FOR THE VENDOR PORTAL (OPTIONAL)

Each account may have multiple people who may use the services provided pursuant to this Agreement. Each user must have a unique e-mail address that will be used to access the account. Up to three (3) additional users can be added by providing names and e-mail addresses below.

Full Name (hereinafter referred to as "User(s)")	E-mail Address

SELECT ALL THAT APPLY.

Please check the appropriate box(es) and submit the form to your Foster Care Specialist.

If you do not know who your Foster Care Specialist is please search for them at:

<https://www.indianafostercare.org/s/article/Local-Office-Foster-Care-Contacts>

- I am a foster parent and need access to KidTraks Vendor Portal for electronic submission of invoices.
- I am a foster parent and need access to the DCS Indiana Foster Care Portal for information about my foster children.

If you have any questions about the Vendor or Foster Care Portals, please contact your Foster Care Specialist.

The undersigned warrants and represents that he/she is the Payee Contact and is authorized to sign this Agreement and has read all terms and conditions associated with this Agreement. The undersigned waives the right to contest the authenticity of my signature and the right to contest the enforceability or admissibility of this Agreement on the grounds that it is not an original document.

Signature of Payee	Date (month, day, year)
Printed name of Payee	
Signature of Second Licensed Foster Parent	Date (month, day, year)
Printed name of Second Licensed Foster Parent	

TERMS AND CONDITIONS

Part of State Form 56856

Please read this access / use agreement carefully. It contains important information about the duties you must undertake and the rules you must adhere to once you are granted access to use the Indiana Department of Child Services' (DCS) information (as that term is defined below) resources. This includes use of personal computers (PC's), local area networks (LAN's), and/or wide area networks (WAN's). Your signature is required at the bottom of this access / use agreement to indicate your acceptance of its terms.

1. CUSTOMER RESPONSIBILITIES

- a. Payee. The Payee is the person authorized to receive notices and communications from DCS relative to this Agreement. The Payee must notify DCS whenever any User is to be removed from the User list. The Payee shall immediately notify DCS of any change in the Contact.
- b. Users. Users are those agents of the Payee duly authorized by the Payee to access Information (as that term is defined below) under this Agreement. The Payee is responsible for ensuring that each User understands and complies with the provisions set forth in section 2 of this Agreement.

2. CONDITIONS FOR USE OF ONLINE SERVICES

In consideration for accessing and using DCS' computer facilities, network, licensed or developed software, software maintained or operated by DCS for other State of Indiana entities, systems, equipment, documentation, information, reports, or data of any kind (hereinafter "Information"), the Customer understands and agrees to the following:

- a. DCS will assign temporary passwords to Payee's Users, which Users must change upon initial access of the Information. Payee acknowledges its responsibility and assumption of liability for maintaining and enforcing all necessary security procedures to control access to, to preserve the confidentiality of, and to prevent unauthorized use of Usernames and passwords.
- b. That at all times utmost care shall be used in protecting the Information from unauthorized access, misuse, theft, damage, destruction, modification, or disclosure.
- c. That any unauthorized access or use of the Information must be immediately reported to the KidTraks Help Desk by calling 877-340-0309 or e-mailing support@stateofindiana.zendesk.com.
- d. The Payee understands and agrees that the Information may be composed of or contains confidential and protected information. The Payee covenants that the Information will not be disclosed to or discussed with third parties without the prior written consent of DCS.
- e. The Payee acknowledges that the Information may be composed of or contain Social Security Numbers maintained by DCS in its computer system or other records. In addition to the covenant made above at paragraph 2(d), the User agrees to comply with the provisions of IC 4-1-10 and IC 4-1-11. If any Social Security Number(s) is/are disclosed by the Payee, the Payee agrees to pay the cost of the notice of disclosure of a breach of the security of the system in addition to any other claims and expenses for which it is liable.
- f. The Information shall be used solely for the purpose of conducting official DCS' business, and all other use or access is strictly forbidden, including, but not limited to, personal or other private use.
- g. Payee shall not access or attempt to access any of the Information without having the express authority to do so from DCS, who is the only party authorized to grant such express authority.
- h. Payee shall not access or attempt to access any of the Information in a manner inconsistent with DCS' approved method of system entry.
- i. All software licensed, developed or being evaluated by DCS and/or the State of Indiana cannot be copied, shared, distributed, disclosed, sub-licensed, modified, reverse engineered, rented or sold, and at all times, Payee must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by DCS or the State of Indiana.
- j. Payee's confidential computer password(s) shall not be shared with or used by any other person. Any violation of this policy must be immediately reported to the KidTraks Help Desk by calling 877-340-0309 or e-mailing support@stateofindiana.zendesk.com.
- k. Payee shall not leave a workstation without first ensuring that the workstation is properly secured from unauthorized access to any information.
- l. Payee must report any and all violations of the Access/Use Agreement to KidTraks Help Desk immediately upon learning of such violation by calling 877-340-0309 or e-mailing support@stateofindiana.zendesk.com.
- m. Payee agrees that if he/she does gain access to any Information that he/she does not have DCS' express authority to access, the Payee shall immediately notify DCS of such breach and the Payee shall not disclose such Information to any other person, entity or party under any circumstance.
- n. By signing this Access/User Agreement, Payee acknowledges that he/she/it has read, fully understands and agrees to abide by all of the above stated terms as a condition of being granted access to use the Information and has made its contents know to all Users who will be involved in the use of the Agreement.