



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

Janice K. Brewer  
Governor

Clarence H. Carter  
Director

**REQUEST FOR ACCESS OR CHANGE IN ACCESS TO THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) PERFORMANCE AND RESULTS QUARTERLY SYSTEM (SPARQ)**

This is a request for access to the Senior Community Service Employment Program's (SCSEP) Performance and Results Quarterly System (SPARQ). The entity requesting this access agrees to the following stipulations:

1. A REQUEST FOR ACCESS OR CHANGE IN ACCESS TO THE SCSEP PERFORMANCE AND RESULTS QUARTERLY SYSTEM (SPARQ) form shall be used to request specific access
2. Authorization for access to the SPARQ shall be granted on an individual basis.
3. Disclosure of the data provided is not permitted unless specifically authorized.
4. Repackaging or redistribution of the data or screens, or creation of specific files is not permitted unless specifically authorized.
5. The data shall only be used for the purpose of the SCSEP.
6. All data shall be stored in a physically secure area of a facility.
7. All data in SPARQ shall be stored or processed so that unauthorized persons cannot retrieve the information by means of a computer, remote access, or any other means.
8. Only authorized individuals within an agency will be given access needed to accomplish the purposes of the SCSEP.
9. All individuals granted access shall be properly trained in SPARQ and in data confidentiality requirements.
10. Any personnel changes requiring change or removal of access shall be reported promptly to the SPARQ administrator.
11. Access to SPARQ records may be granted to other federal and state entities for the purpose of auditing and/or monitoring compliance with this agreement.

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REQUEST FOR ACCESS OR CHANGE IN ACCESS TO THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) PERFORMANCE AND RESULTS QUARTERLY SYSTEM (SPARQ)

**THIS FORM IS TO BE COMPLETED BY SCSEP CONTRACTED PROGRAM STAFF ONLY**

**This form is not to be submitted by SCSEP Participants**

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1. Requesting Entity:

2. Check One:

Add User      \_\_\_      Delete User      \_\_\_  
Staff Member    \_\_\_      SCSEP Program Representative    \_\_\_

3. Name of individual for who access request is to be taken:

\_\_\_\_\_

4. Address where access will be used:

\_\_\_\_\_

5. E-mail address of individual for who access is being requested:

\_\_\_\_\_

6. Telephone number of individual for who access is being requested:

\_\_\_\_\_

**7. Access Requested (Check One):**

Read Only \_\_\_      Read/Write \_\_\_\_\_      Read/Write/Delete \_\_\_\_\_

*By signing below, I agree to all of the stipulations regarding the confidentiality, security and integrity of SCSEP data and SPARQ as defined in the **REQUEST FOR ACCESS TO THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) PERFORMANCE AND RESULTS QUARTERLY SYSTEM (SPARQ)** as well as all state and federal data security provisions as they pertain to the SCSEP.*

\_\_\_\_\_  
*Signature of Authorized Person Requesting Action*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*