



Community Partner 3rd Party Access



Welcome •

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-General Information about Third Party Access

-How to create a Third Party myCase account

-How to link your Third Party myCase account to a customer account

-How to access and view a customer's account





Third Parties have access to:

Current benefits
Notices
Verifications required
Documents received
Forms

Third Party Access





- Easy to Use
- Each person must create their own unique myCase account
- Only one account is needed to access multiple customers
- Access lasts for up to 12 months

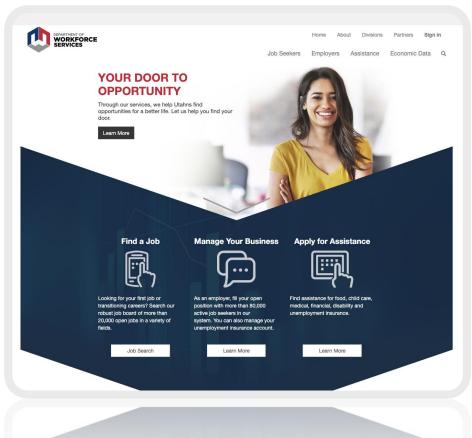
Customer can revoke access at anytime

Third Party Access



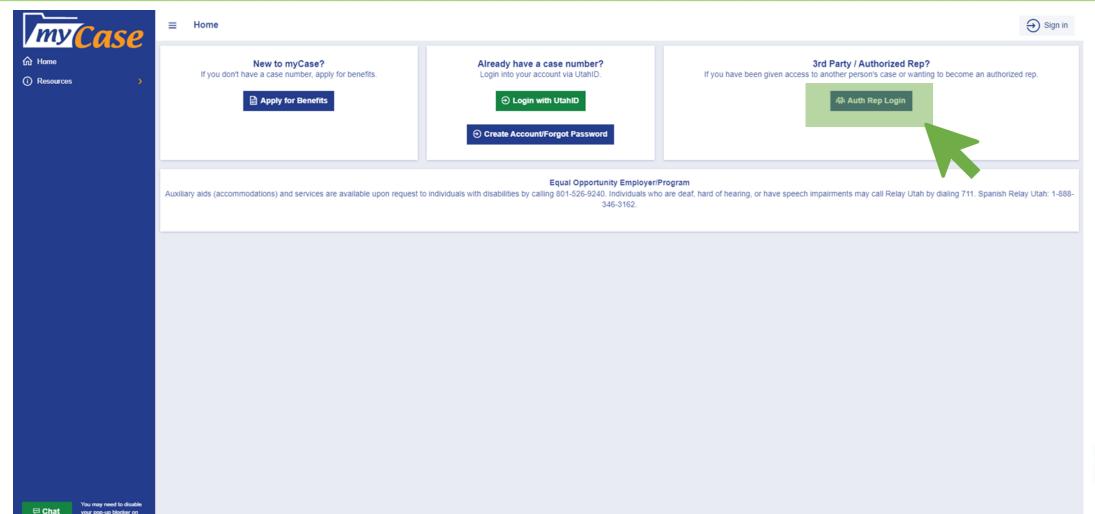
Creating a 3rd Party Account

- To begin, you need to create a myCase account
- Go to: jobs.utah.gov/myCase



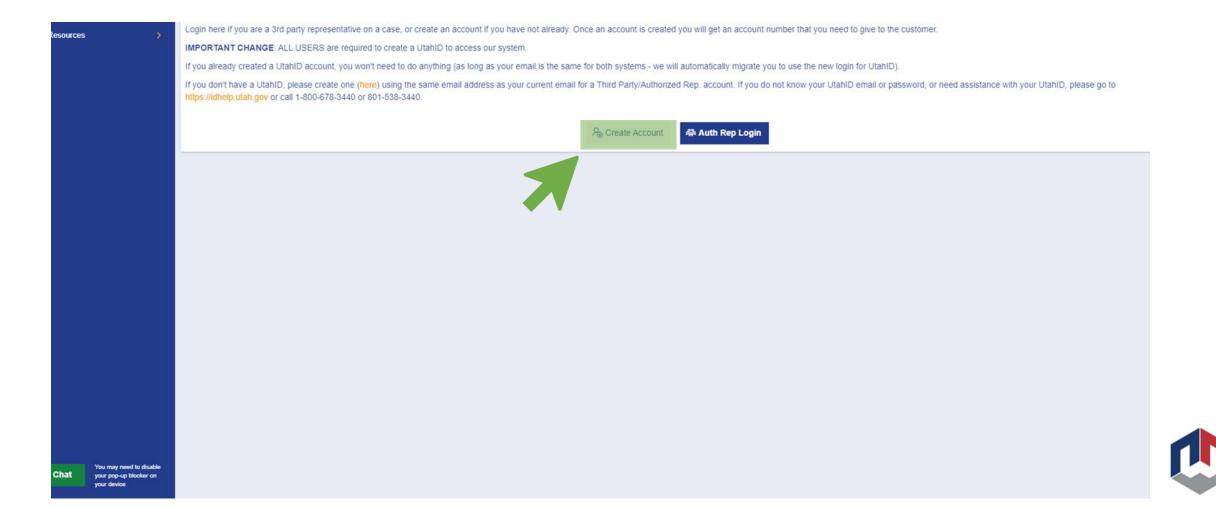


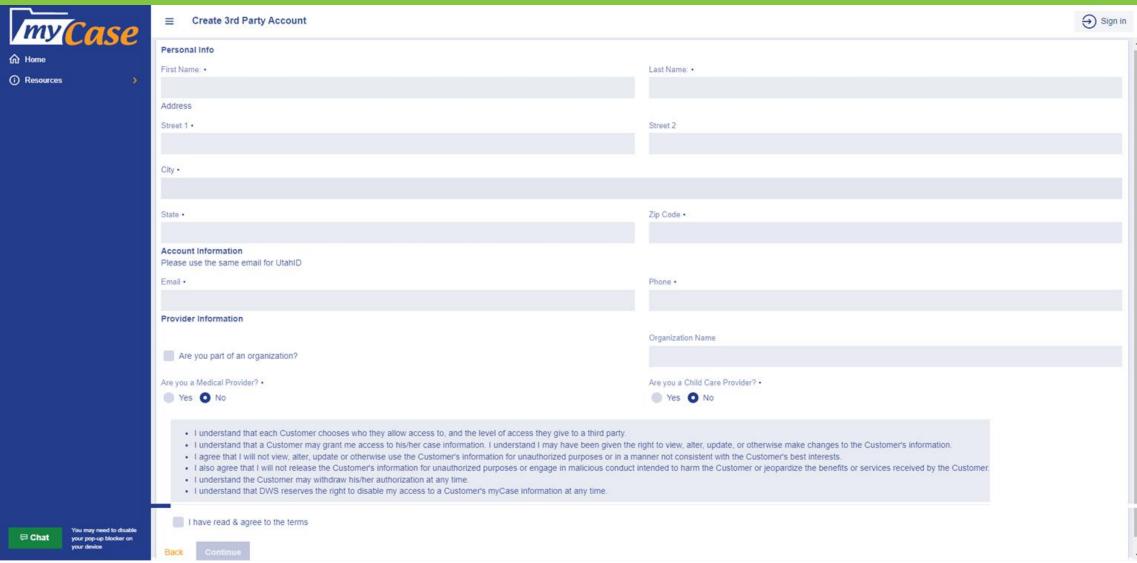
Creating a 3rd Party Account





Creating a 3rd Party Account





All required fields (*) must be completed.



3rd Party Account Created





Linking 3rd Party Access to Customer Accounts.

Option A

- Customers must complete and sign the form 114MC.
- Third party must sign and provide MC number on the form 114MC.
- Form must be faxed to 1-877-313-4717 OR 801-526-9500.
- Must allow imaging team proper time to allow access.

Option B

- Customer can add the third party's MC number in myCase.
- Faster option.



Until either Option A or B is completed, the 3rd Party will not be able to access the customer's account information in myCase.

Option A: Faxing 114MC

Customers can choose all programs or choose specific programs for 3rd party to have access to.



This form must be signed by the customer AND the Third Party requesting access. The Third Party's MC number should also be provided.

DWS-ESD/WDD 114/ Rev. 09/2019



State of Utah

Department of Workforce Services

myCase AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY

Customer's name

Case Number:

Case Number

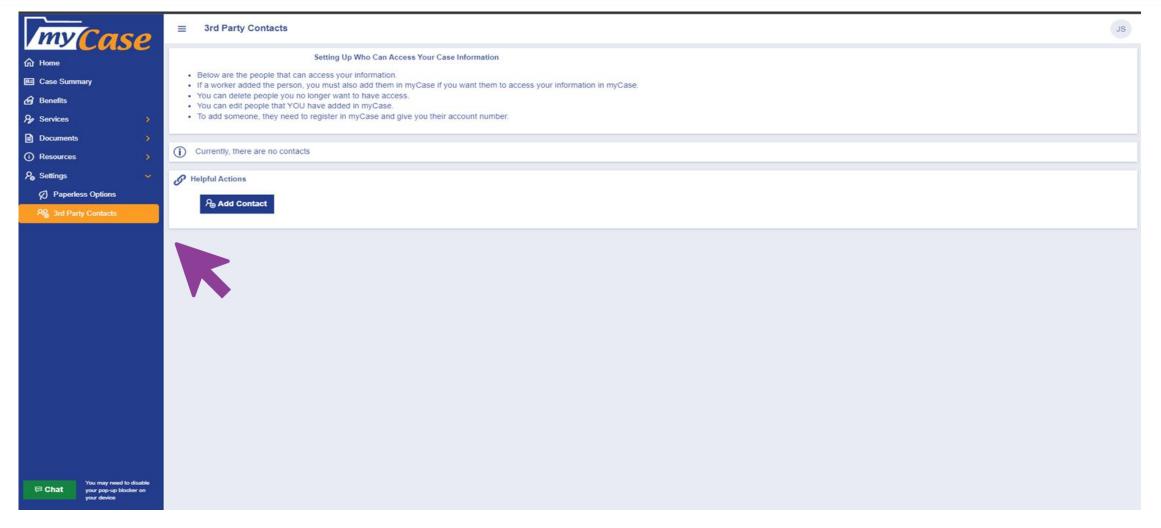


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Health Fi	nancing to	Release	the information	contained in	the myCase	database to	the following	third party:

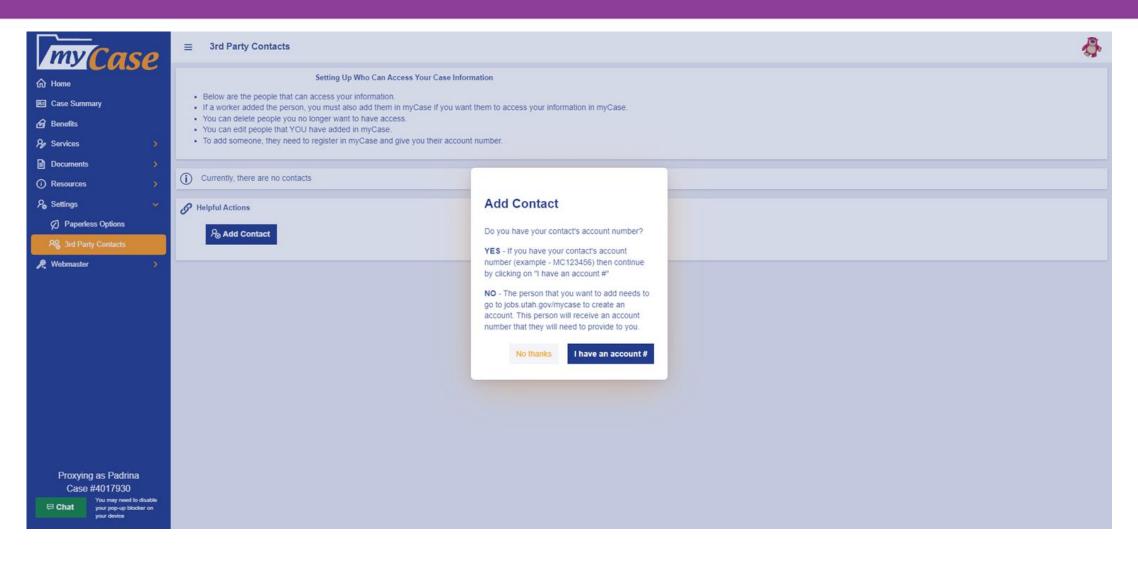
١.	X							K ALL THAT APPLY) rmation relating to the following
		assistance prog						
		All Progra		Child Care	Financial		SNAP	☐ Medical Assistance
				anting access to upda ncludes completing a			iges to my informat	ion, as well as view all case
		"Notices:" I an or have receive		ng access to view an	notice that was s	ent to me by th	e Department, rega	ardless of the type of benefits I will,
				granting access to vie that I will, or have rec		verification that	the Department ha	as asked me to provide, regardless
2	The thi	ird party may ha	ve acce	ss to my information	for the following po	urpose:		
3.				uired to grant access lealth Financing can				nent of Workforce Services and/or party.
1.				onsible for any overp update, alter or make				mation being provided by an
5.				to grant view only or				
3.		rstand I can cho ian or other heal			access to individua	als who are not	members of my ho	ousehold, such as my primary care
7.	By granting access to myCase, I specifically authorize the Department of Workforce Services to share all information regarding my case, including my medical applications, medical cases, and any medical application or case which was denied or closed to the above-named third party. I understand that if there is anything in my case that I do not want shared, I must not grant access to my case.							
3.	The Department may share limited information with my child care provider(s) through the provider website. If I choose to grant my child care provider access to view my case information, I specifically authorize access to information as it pertains to child care benefits to be paid to them for services provided. I understand if I grant my child care provider access to notices and/or verifications, the provider will be able to view any notice and/or verification regarding all benefits I receive, or have received.							
9.	I understand that once information is shared because of this authorization, it is possible that it will no longer be protected by privacy laws and could be re-disclosed by the person or agency that receives it.							
10.	release Health	ed to the above- or any other sta	named te agen	third party. As such,	specifically releas nat may accrue as	e the Departm	ent of Workforce Se	ne information once it has been ervices and the Department of of my information with those parties
11.	written	notification to m y been shared b	ny Depa efore I r	rtment caseworker. I	also understand the also understand to	hat a revocation that the Depart	will not change the ment or another sta	Case" account or by sending e fact that information may have ite agency may have relied on and
12.				ation is effective from rovide written notifica				om the date granted, or until I oner.
	Access	s will be granted	within o	one (1) business day.				
Cu	stomer	Signature: Ci	uston	ner signs her	е			Date:
			You	sign here		Your	MC# goes l	here
Sig	gnature	of Third Party:	100	aign nere		MC#:		Date:
Pri	nted Na	ame of Third Par	rty:				Phone:	
Sic	gnature	of Third Party:				MC#:		Date:
Oil								_

Option B:



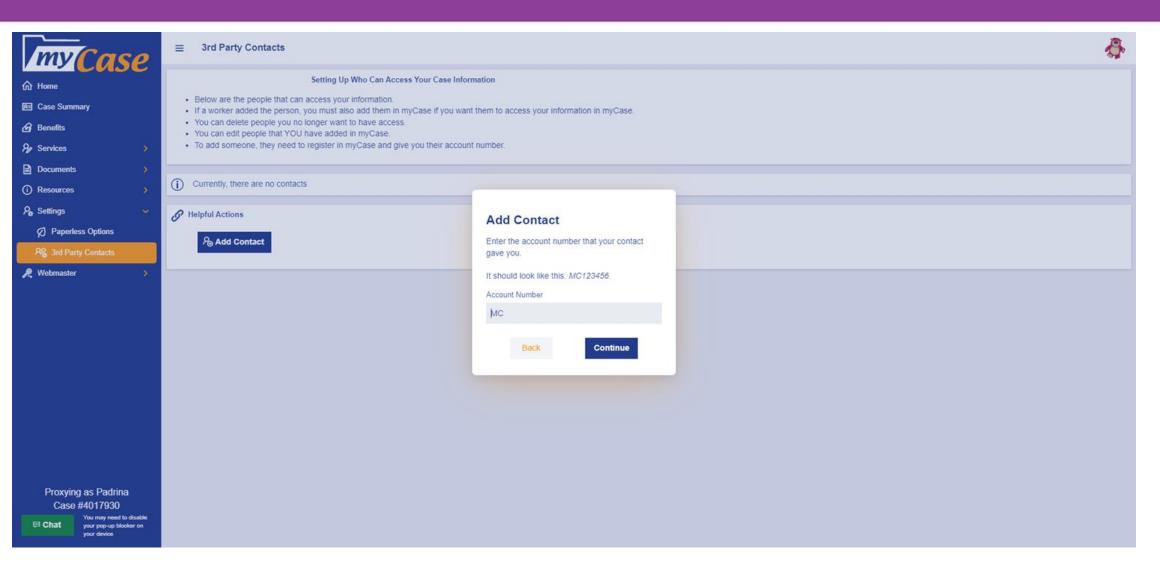


Option B:

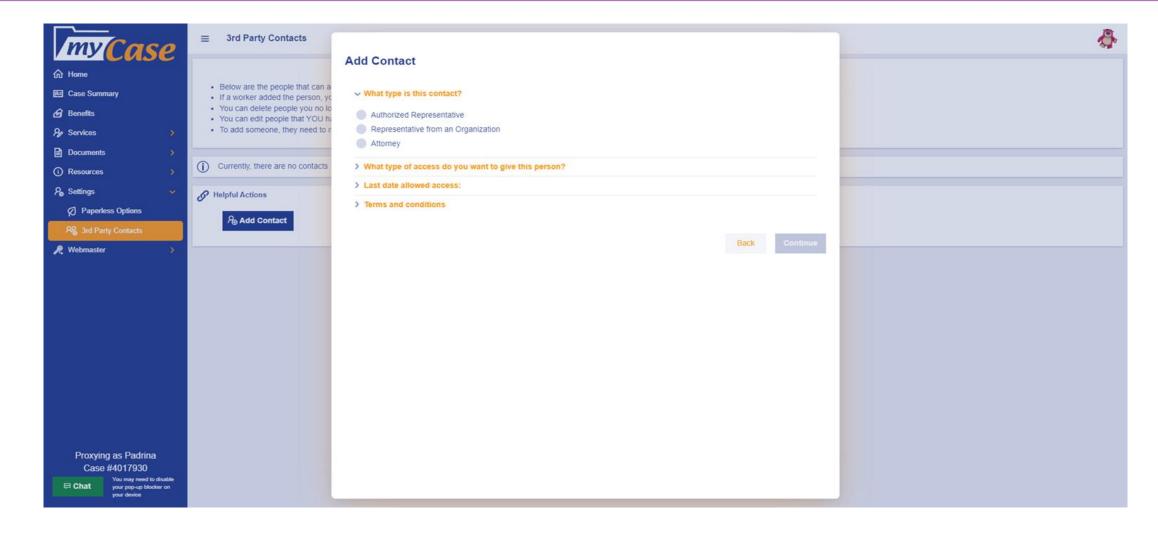




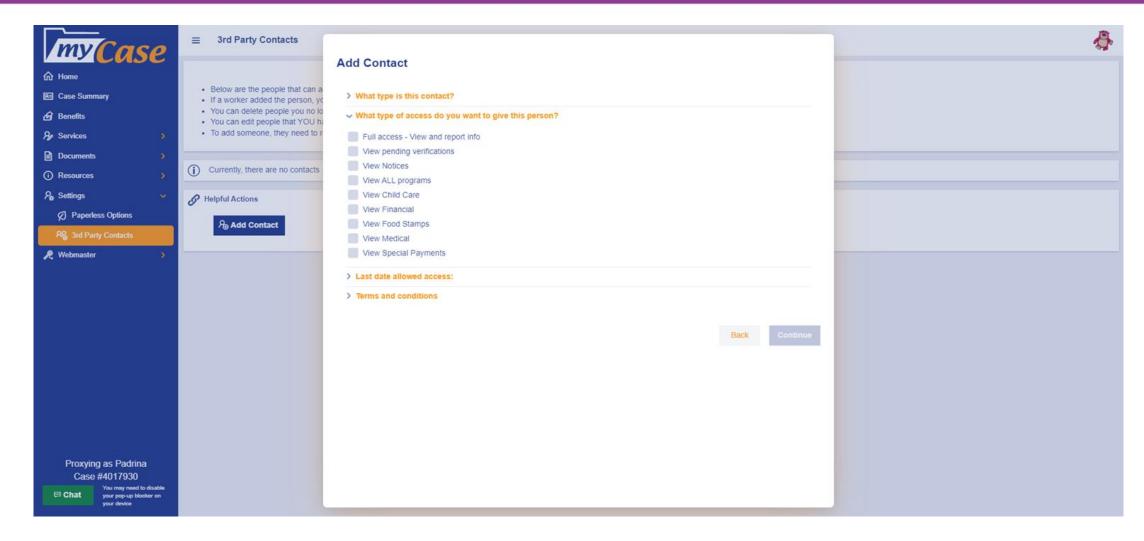
Option B:



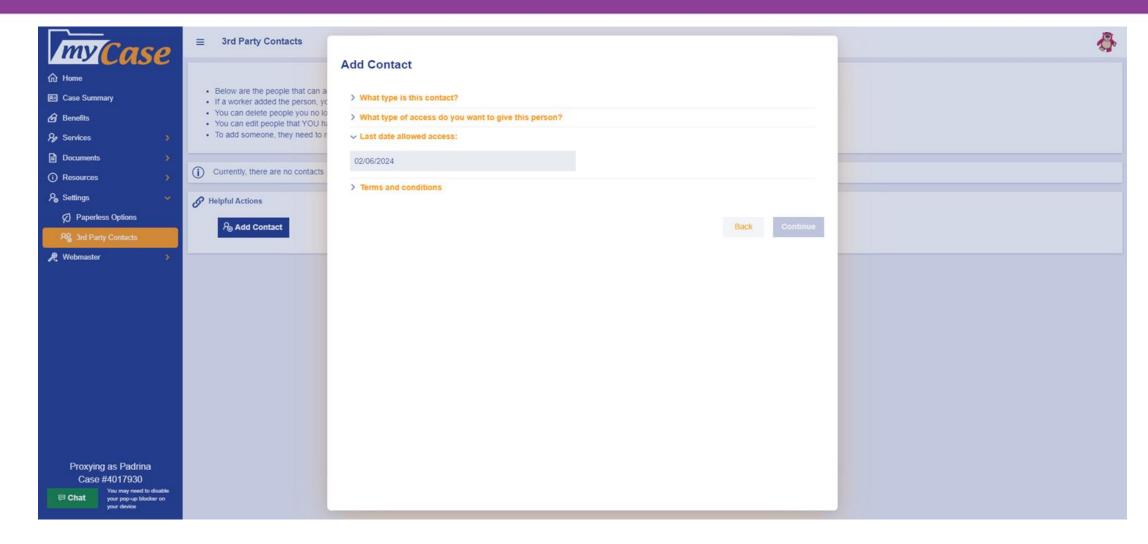




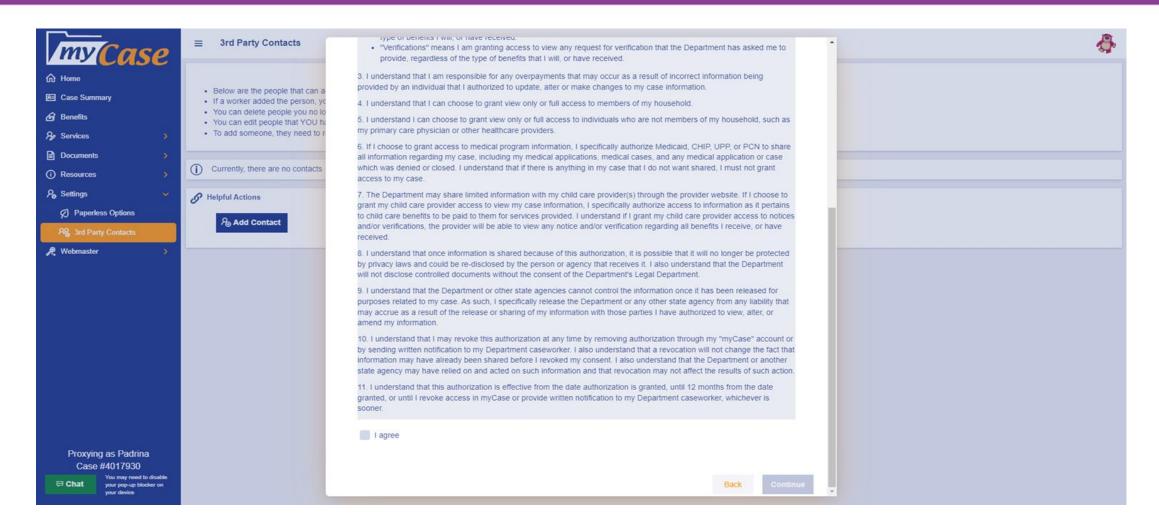






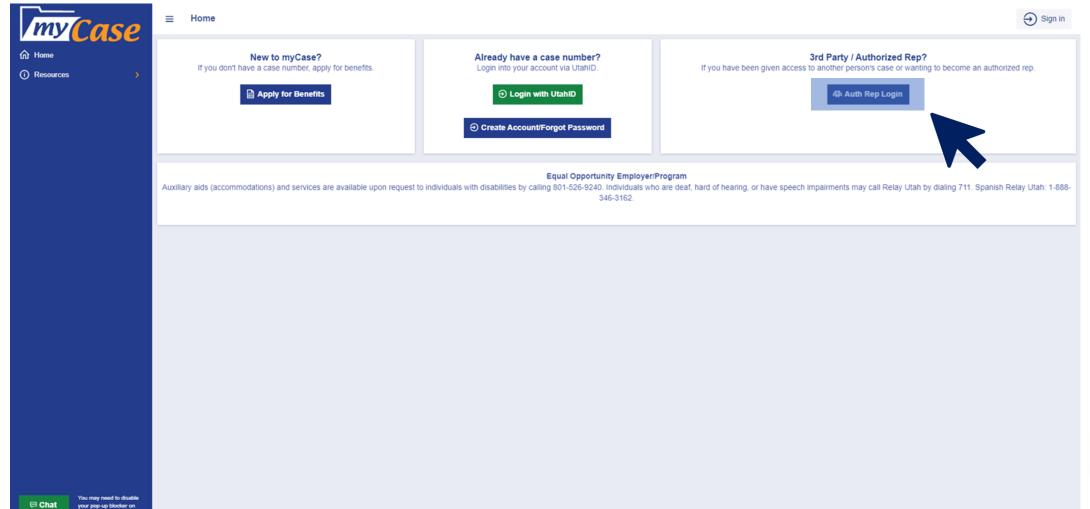








Viewing Customer Accounts







A Home

(i) Resources

∃ 3rd Party / Auth Rep Sign-On

→ Sign in

3rd Party/Auth Rep Sign-On

Login here if you are a 3rd party representative on a case, or create an account if you have not already. Once an account is created you will get an account number that you need to give to the customer.

IMPORTANT CHANGE: ALL USERS are required to create a UtahID to access our system.

If you already created a UtahID account, you won't need to do anything (as long as your email is the same for both systems - we will automatically migrate you to use the new login for UtahID).

If you don't have a UtahID, please create one (here) using the same email address as your current email for a Third Party/Authorized Rep. account. If you do not know your UtahID email or password, or need assistance with your UtahID, please go to https://lidhelp.utah.gov or call 1-800-678-3440 or 801-538-3440.

A Create Account

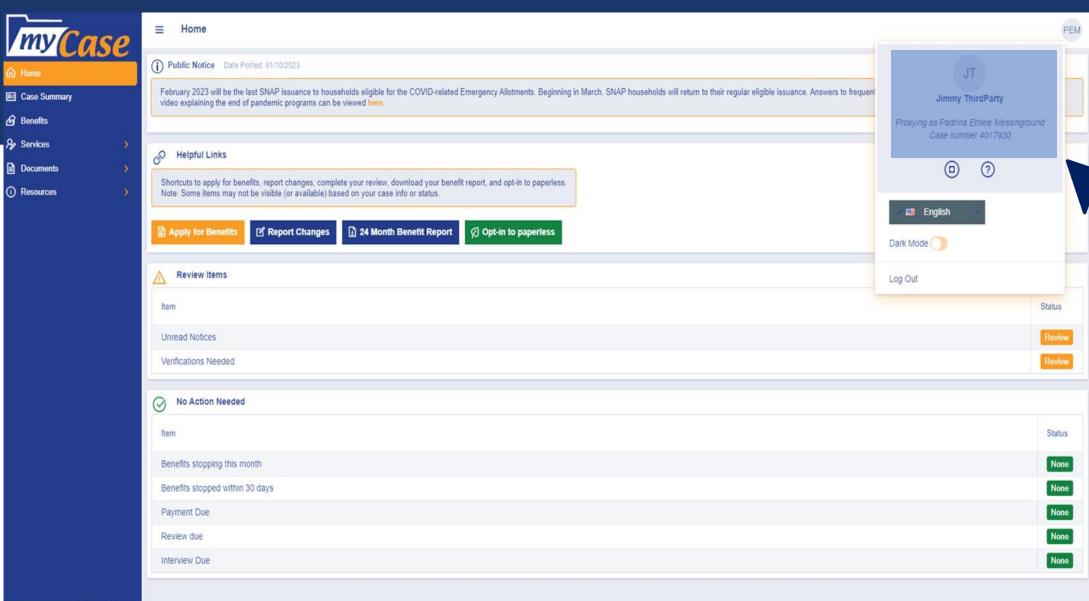
森 Auth Rep Login



☐ Chat

You may need to disable your pop-up blocker on your device

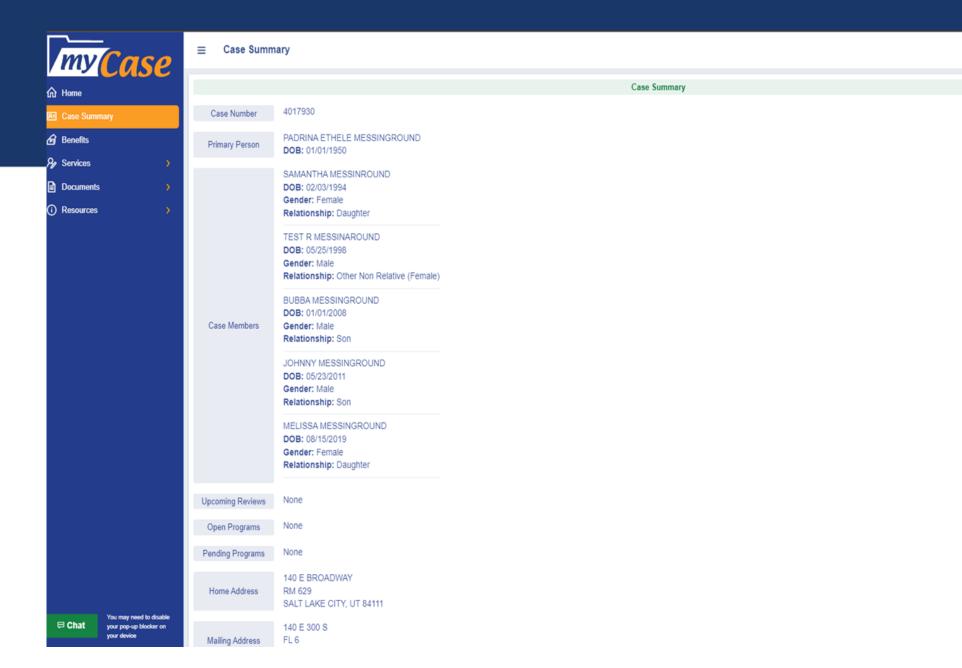






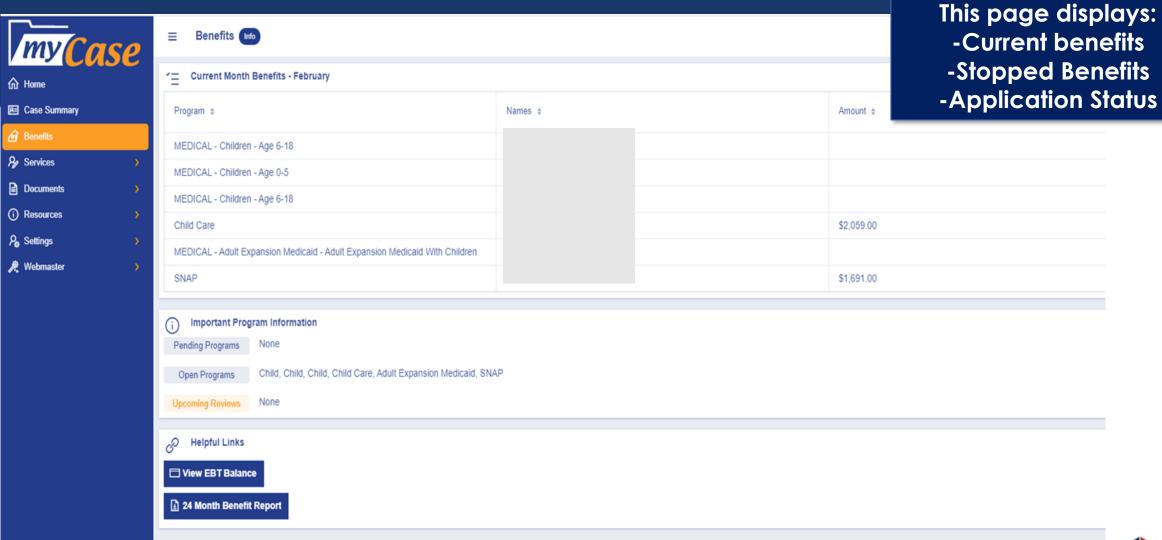
You may need to disable your pop-up blocker on your device







PEM





BENEFITS TAB

Services Tab

This page displays:

- -Pending Programs
- -Open/Closed Programs
- -Applications Submitted
 - -Reviews Submitted



Services

Important Program Information

Quick summary of your pending and open programs, along with upcoming reviews. You can also view your past applications and reviews that you have submitted online.

Pending Programs

None

Online Applications	(6)
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Upcoming Reviews None

Open Programs

Submitted By ¢	Programs Applying For	Application Date
myCase	Medical	02/03/2023
myCase	SNAP	02/02/2023
myCase	SNAP Medical	01/31/2023
myCase	Child Care Financial SNAP Medical	01/29/2023
myCase	Medical	01/09/2023
myCase	SNAP Medical	09/11/2021

Case Reviews (2)

Program Name ¢	Date Submitted ¢
SNAP	01/31/2023
SNAP	01/30/2023





■ Documents						
Notices that we have sent to you in the last 90 days.						
Status	Subject	Date Created	Date Viewed			
	Telephone Interview for SNAP	02-02-2023				
	myCase	02-02-2023				
	Telephone Interview Missed	01-18-2023				

NOTICES PAGE

This page displays:
-Notices sent to the customer.

Viewing these notices does not impact the customer.

These notices can be viewed regardless if the customer is paperless or not.





R Case Summary

Benefits

& Services

Documents

Notices

Forms

Verifications

(i) Resources

≡ Forms

Here's a list of forms you can print and send to us.

- Fax 877-313-4717
- Mail PO Box 143245, SLC, UT 84114-3245
- Drop off at an office near you

Form Name

Q Search

630EN - Employment Information

631EN - Employment Termination

1062EN - Shelter/Landlord Statement

61ICEN - Affidavit of Identity of Minor Child/Children

702EN - Statement of Contribution/Living Arrangements

476EN - Changes You Must Report

126EN - Verification of School Attendance/ Enrollment

980EN - Child Care Subsidy Worksheet

1049EN - Statement of Medical Need

19EN - Third Party and Insurance Information

61CEN - Application for Additional Persons

17EN - Statement of Head of Household

634EN - Tip Ledger

452EN - Self-Employment Information Sheet

619DEN - Child Support Enforcement

PRO1EN - License Exempt Provider Registration

FORMS PAGE

This page displays: -Commonly requested 3D barcoded forms.

Customers can print requested forms from this page.

3D Barcodes should ONLY be used for the customer they are requested for.





R Case Summary

@ Benefits

Services

Documents

Notices

Forms

(i) Resources

■ Verifications Info

Items \$	For \$	Received #	Status
Employment	PADRINA ETHELE MESSINGROUND		Upload
Unearned Income	SAMANTHA MESSINROUND		Upload
Employment	SAMANTHA MESSINROUND		Upload
Educational Income	PADRINA ETHELE MESSINGROUND		Upload
Medical Expenses	PADRINA ETHELE MESSINGROUND		Upload
RCA Verification - Assistance History	PADRINA ETHELE MESSINGROUND		Upload
Medical Expenses	PADRINA ETHELE MESSINGROUND		Upload

VERIFICATIONS PAGE

This page displays:
-Items needed from
the customer.

Some documents can be uploaded such as:

- -Income
- -Assets
- -Shelter
- -Medical
- -Authorization Forms



Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities by

calling: 801-526-9240.

Individuals with speech or hearing impairments may call Relay Utah by dialing 711.

Spanish Relay Utah: 1-888-346-3162

Questions?





