

4047 Non-DFPS Staff Computer Security Agreement Pre-Screening Checklist

All pages: ensure that the information is 100% legible. If possible, complete the form electronically.

Before starting the 4047:

- Has the contractor lived anywhere else but Texas within the last two years? If so, an [out-of-state background check](#) and/or out-of-country background check must be completed for each place resided in during the two years prior to residing in Texas.

Page 1

- Full name is filled out
- Social Security number filled out with slashes or dashes: 555-55-555
- Provider Agency Name is already filled out for you

Division/Region, Unit, Mail Code, and Telephone no. may be left blank

Page 2

- The contractor has signed at the bottom
- The date of signature is provided

Page 3

- Program Area Approval for Non-DFPS staff is blank (DFPS sponsor will sign here)
- First, Middle, and Last Name fields are filled out
- Other names or spellings used are filled out if applicable
- Residence Street Address is filled out, including:
 - City
 - County
 - State
 - Zip
- Residence telephone number is filled out including area code: (555) 555-5555
- Date of birth is filled out with slashes or dashes: 00/00/1981
- Gender- an option is marked (type an "x" into the form field)
- Social Security Number is filled out with slashes or dashes: 555-55-555
- Race - an option is marked (type an "x" into the form field)
- Ethnicity - an option is marked (type an "x" into the form field)
- All other addresses the contractor has lived at for the past 5 years are listed **with corresponding timeframes.**

4047a Information Security Agreement Data Exchange Pre-Screening Checklist

All pages: ensure that the information is 100% legible. If possible, complete the form electronically.

Section 1: Signature, Date, and Role

- Contractor's signature appears on the signature line
- Date is provided
- Title or Role is provided (Ex: "Production Clerk")

Section 2: Contractor's Information

- First, Middle, and Last Name fields are filled out
- Other names or spellings used are filled out if applicable
- Residence Street Address is filled out, including:
 - City
 - County
 - State
 - Zip
- Residence telephone number is filled out including area code: (555) 555-5555
- Date of birth is filled out with slashes or dashes: 00/00/1981
- Gender- an option is marked (click on a box to mark it)
- Social Security Number is filled out with slashes or dashes: 555-55-555
- Race - an option is marked (click on a box to mark it)
- Ethnicity - an option is marked (click on a box to mark it)
- All other addresses the contractor has lived at for the past 5 years are listed **with corresponding timeframes.**

Section 3: Organization Project Manager

- The Project Manager's full name is filled out
- The Project Manager's title is filled out (Ex: Production Supervisor)
- The Project Manager's Role is filled out (Ex: Project Manager)
- The Project Manger's Business Address is filled out
- The Project Manager's Phone number is filled out

Section 4: DFPS Sponsor

- This section should be filled out for you



Non-DFPS STAFF COMPUTER SECURITY AGREEMENT
CHIEF OPERATING OFFICER - IRM

Purpose: Non-DFPS employees who are requesting access to the DFPS network must complete this form so that background checks can be completed as required by DFPS IT security policy.

Directions: Complete this form and return to sender.

PERSONAL AND AGENCY INFORMATION

Name	Social Security No.	Division/Region	Unit	Mail Code
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Provider Agency Name	Telephone No. (Place of Business)
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I acknowledge that, as an authorized user of the Texas Department of Family and Protective Services network, I have access to confidential and sensitive information. I understand that certain information contained in Department files is of a personal nature and that some information is considered confidential under law. I will use this information with confidentiality and discretion in accomplishing my assigned job responsibilities. I will comply with Department guidelines on confidentiality and management of Department information by disclosing this information to DFPS employees and other individuals only to the extent that it is specifically authorized under Department information management procedures. If at any time a question or problem arises with regard to the release of information, I will not release any information until I am so authorized by my supervisor. Under no circumstances will I access confidential information for any purpose other than in the performance of my assigned job duties.

I understand that in performance of my assigned duties with DFPS, I may receive user identification codes (USERIDs) and/or passwords (also known as security codes) for the DFPS computer network. I understand that any issued USERIDs and/or passwords are for official state-approved business only. I understand that the USERIDs and/or passwords are to be used only by me, and that I am not to disclose any security codes to anyone or allow anyone to use my USERIDs and/or passwords. I understand that I am responsible for any actions done under my USERID and therefore must not allow anyone to access the network under my USERID. I agree to change all passwords if I think my password has been compromised.

I understand that the Internet is to be used as a Department resource and is provided as a business tool to be used for research, professional development, and communications that are work-related. Limited personal use of Internet resources is acceptable as long as it occurs during personal time (lunch or other breaks), is not excessive or inappropriate, and does not result in expense to DFPS.

I understand that I am prohibited from changing any software (including, but not limited to, display screens, operating system instructions, and applications) that reside on any DFPS system or automated storage medium unless the change is authorized. I further understand that I am prohibited from altering any data or database other than that which is specifically authorized as required in the performance of my job functions.

I understand that I may have access, either through the department network systems, a local area network (LAN), or a stand-alone PC, to public information access and exchange systems (e.g. Internet). I understand that it is a violation of department policy and that I am subject to disciplinary action, including termination, for using DFPS equipment to access unauthorized information or services or for publishing any statements or releasing any information in any form, through a DFPS "address" if such access is not authorized by appropriate management. I understand that I am prohibited from accessing any automated system, subsystem, or automated storage medium for which I have not previously received proper authorization.

I understand that, if I use this information in a manner not authorized by the Texas Department of Family and Protective Services or contrary to law, I may be subject to disciplinary action that could result in the termination of my network access, employment, and/or prosecution under one or more applicable statutes.

STAFF RESPONSIBILITY

All DFPS employees and authorized users have a responsibility for ensuring the security of information and equipment. DFPS staff and authorized users are responsible for reading, understanding, and following the Security, Electronic Mail (E-Mail), Internet/Intranet, and Computer Workstation Policies located on the [DFPS Information Security Standards and Guidelines](#) section of the Intranet. Data integrity, confidentiality, system access, and physical considerations are all essential elements of security.

As an authorized user of the DFPS network, I understand and agree that any and all computer software programs, applications source code, object code, and documentation, written or otherwise, created by me within the scope of my employment (meaning any work product prepared in whole or part using DFPS time, DFPS equipment, or done on DFPS premises) is owned by DFPS. I also agree to cooperate with DFPS in the registration of any such work for copyright purposes, or the application for patent protection, or any related litigation.

I will not use, load, install, or operate shareware or freeware or other copyrighted/uncopyrighted software that has not been formally acquired, licensed, and/or authorized by DFPS. I will not install on the LAN any software not formally approved by DFPS. I understand that violating a data security system is a crime under Chapter 33 of the Texas Penal Code (Computer Crimes). The criminal classification ranges from a Class B misdemeanor through a felony of the first degree, depending on circumstances.

I recognize that DFPS is licensed to use its computer software by a variety of vendors. I understand that DFPS does not own this software or its related documentation and, unless authorized by the software developer, does not have the right to reproduce it. I also understand that with regard to using software on local area networks or on multiple machines, employees must use the software only in accordance with the license agreement.

Passwords

A password should NEVER be shared with any other employee.

Texas Penal Code, Title 7,33.02 Breach of Computer Security, states:

- (a) A person commits an offense if the person knowingly accesses a computer, computer network, or computer system without the effective consent of the owner.

Network Security/Access Forms

An eMAC must be submitted for access to the DFPS network.

The HHSC Network Security/Access Form (Form 4743) must still be completed for access to any HHSC maintained and operated network or application.

Any questions about security should be directed to the **DFPS IT Security** email address.

I agree to follow policies and procedures related to data security, data confidentiality, and Internet/Intranet access in policy handbooks and manuals issued by DFPS, including any revisions or successors thereto. I understand that if I have any questions or problems, I am to immediately report the situation to my supervisor or administration support staff.

I have read Form 4047, Pages 1, 2, and 3 related to information security and data confidentiality. I understand that these and the above stated policies and procedures apply to all security codes I receive to conduct state-related business. I understand that failure to follow the policies, procedures, and laws of the State of Texas may result in loss of access to the computer system(s) and/or disciplinary action, which may include dismissal and criminal prosecution.

Signature:

X

Date Signed:

PERSONAL INFORMATION				
First Name		Middle Name		Last Name
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)				
Residence Street Address		City	County	State Zip Code
Residence Telephone No. (A/C)	Date of Birth:	City of Birth:		State of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No. (if no, SSN provide alternate document name and ID number)			
Race <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaii/Pacif Isl <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine (or, none of the above)				
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine (or, none of the above)				
PREVIOUS PLACES OF RESIDENCE				
List the complete address with dates of other places you have resided (for a minimum of the past 5 years - continue on back as needed)				
Full Address (include city, state and zip code):			Months and Years Resided:	
Full Address (include city, state and zip code):			Months and Years Resided:	
Full Address (include city, state and zip code):			Months and Years Resided:	
Full Address (include city, state and zip code):			Months and Years Resided:	
Full Address (include city, state and zip code):			Months and Years Resided:	
Full Address (include city, state and zip code):			Months and Years Resided:	
Full Address (include city, state and zip code):			Months and Years Resided:	
Full Address (include city, state and zip code):			Months and Years Resided:	
Full Address (include city, state and zip code):			Months and Years Resided:	
Full Address (include city, state and zip code):			Months and Years Resided:	
PRIVACY STATEMENT				
DFPS values your privacy. For more information, read our privacy policy .				

INFORMATION SECURITY AGREEMENT

Data Exchange

This agreement is for individuals who are not employees of the Department of Family and Protective Services, but who will be provided confidential information as part of a project, contract, or agreement between DFPS and the organization the individual represents. This agreement is NOT for DFPS network access requests for non-DFPS individuals (see Form 4047).

I acknowledge that I understand that information made available to me by the Department of Family and Protective Services contains data that is considered confidential under law. I will use this information with discretion in accomplishing my assigned job responsibilities and will disclose this information to other individuals only to the extent that it is specifically authorized under the contract or agreement in place between my organization and DFPS. If at any time a question or problem arises with regard to the release of information, I will not release the information until I am so authorized by the DFPS Sponsor listed below. Under no circumstances will I access or release confidential information for any purpose other than in the performance of my assigned job duties as they relate to the contract or agreement with DFPS.

I understand that if I use this information in an unauthorized manner, I may be subject to prosecution under one or more applicable statutes and will no longer be allowed access to the information provided to my organization. I also agree to allow DFPS to perform a background check and agree to provide the information required below.

Signature

Date

Title or Role

First Name	Middle Name	Last Name
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)		
Residence Street Address	City	County
	State	Zip Code
Residence Telephone No. (A/C)	Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female
SSN		
Race (check all applicable)		
<input type="checkbox"/> Asian	<input type="checkbox"/> Am Indian/AK Native	<input type="checkbox"/> Nat Hawaii/Pac Island
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Unable to Determine (or, none of the above)
Ethnicity (check one, only)		<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Not Hispanic
		<input type="checkbox"/> Unable to Determine
List other places you have resided (for a minimum of the past 5 years - continue on back as needed)		

Organization Project Manager

As the primary contact person from the organization receiving confidential information from DFPS, I agree that the person named above as a legitimate business for access to that information. I also agree to notify the DFPS Sponsor listed below if I have any reason to believe the member of my organization has violated the terms of the contract or Memorandum of Understanding (MOU) or any other agreement between my organization and DFPS as part of this project.

Name Wesley Claunch	Title Production Supervisor	Role (<i>Project Manager, etc.</i>) Project Manager
Office Address 11700 Stoneholow Drive, Suite 100, Austin, TX 78758		Phone 512-833-5339

DFPS Sponsor

As the sponsor of the project or agreement to release information to a non-DFPS organization, I understand my responsibilities in maintaining a current list of individuals who will have access to DFPS information. Once the person clears the background check, I authorize the above-named individual to receive confidential information in accordance with the contract, Memorandum of Understanding or other written agreement as noted below.

Name David Ortiz	Title Manager	Role (<i>Project Manager, etc.</i>) Project Manager
Office Address 2535 Ridgepoint Dr. Austin, TX 78754		Phone 512-840-7819
Project Name Digital Imaging	Date/Title of Contract, MOU, or other agreement: Neubus Digital Imaging	