

Ohio Department of Job and Family Services
INSTRUCTIONS FOR COMPLETING JFS 07078, CODE OF RESPONSIBILITY

FILING OUT JFS 07078

Ohio Department of Job and Family Services
CODE OF RESPONSIBILITY
 * PLEASE PRINT *

Name: (First, MI, Last) 1		Work Phone: 2	Supervisor's name and SOUID: 3	
County: 4	County Agency: (ODJFS CSEA PCSA) 5	State Office: 6	Bureau/Office: 7	
Primary Work Street Address: 8		Non-state Email Address: 9		
Date of Birth: (optional, mm/dd/yyyy) 10	Cell Phone: 11	Work Email Address: 12		
PW Recovery PIN: (optional, #####) 13	Prior State or County Worker: (new user only) Yes <input type="checkbox"/> No <input type="checkbox"/> 14	Existing or previous RACF /JFS ID / SOUID: 15		
16 AGENCY TYPE: <input type="checkbox"/> ODJFS <input type="checkbox"/> Non-ODJFS State <input type="checkbox"/> County <input type="checkbox"/> Local Govt. <input type="checkbox"/> Private/non-profit <input type="checkbox"/> Federal				
<input type="checkbox"/> Contract Employee		Contract Company Name: 17	Contract Telephone No: 18	Contract Expiration Date: 19
ACCESS REQUESTED: (Local Security Coordinator/Supervisor use only)				
20 <input type="checkbox"/> ODJFS network		<input type="checkbox"/> ODJFS email	<input type="checkbox"/> CRISE Mainframe	<input type="checkbox"/> SETS
OTHER access:			<input type="checkbox"/> SACWIS	<input type="checkbox"/> VPN
				21

PLEASE READ CAREFULLY

Security and confidentiality are a matter of concern for all users of the Ohio Department of Job and Family Services (ODJFS) information systems and all other persons who have access to ODJFS confidential data. Each person that is entrusted with an authorized ID to access ODJFS systems, holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information. Confidentiality requirements contained in law include, but are not limited to, 45 CFR Parts 160 and 164 (HIPAA—45 CFR 164.501); 42 CFR 431.300 through 431.307; 5 USC 552a; 45 CFR 205.50; 7 CFR 272.1(c); Ohio Revised Code (ORC) sections 5101.27 through 5101.30, 5101.99, 3107.17, 3107.42, 3107.99, 3121.894, 3121.899, 3121.99, 3125.08, 3125.50, 3125.99, 4141.21, 4141.22, 4141.99, and 5160.45; and OAC rules 4141-43-01 through 4141-43-03, 5101:1-1-03, 5101:1-1-36, and 5101:4-1-13.

An authorized user's conduct either on or off the job may threaten the security and confidentiality of this information. It is the responsibility of every user to know, understand and comply with the following:

1. I acknowledge receiving and agree to abide by the ODJFS Code of Responsibility Policy (IPP 3922), the ODJFS Information Security Policy (IPP 3001), and ODJFS Computer and Information Systems Usage Policy (IPP 10002). These policies, available via the ODJFS [InnerWeb](#), or upon request, can also be provided by either my supervisor or the ODJFS Access Control Unit. It is my responsibility, as the person requesting access, to become familiar with these policies.
2. I will not make or permit unauthorized uses of any information maintained by ODJFS, regardless of the medium in which it is kept.
3. I will only access information about recipients of ODJFS benefits or services, or about ODJFS employees, that is collected and maintained on ODJFS or state computer systems for those purposes authorized by ODJFS, and as directly related to my official job duties and work assignments for, and on behalf of, ODJFS and/or a federal oversight agency.
4. I will not seek to benefit personally or permit others to benefit personally from the use or release of any confidential information (as identified in federal and state laws and regulations) which has come to me by virtue of my work assignment.
5. I will not exhibit or divulge the contents of any record to any person except in the conduct of my work assignment or in accordance with the policies of ODJFS.
6. I will not knowingly include or cause to be included in any record or report false, inaccurate or misleading information.
7. I will not remove or cause to be removed copies of any official record or report from any file from the office where it is kept, except in the normal conduct of my work assignment and in accordance with the policies of ODJFS.
8. I will not violate rules and/or regulations concerning access and/or improperly use security entry cards or codes for controlled areas.
9. I will not divulge or share either my security code(s) (e.g., sign-on, password, key card, PIN, etc.) or the security code(s) of any other person or entity who performs work for or with, receives benefits from, or who accesses ODJFS systems and/or facilities.
10. I will immediately report any violation of this code of responsibility to my supervisor and/or the OIS Access Control Unit.
11. I will not aid, abet or act in conspiracy with another or others to violate any part of this code.
12. I will treat all case record material as confidential, and will handle Federal Tax Information (FTI) material with extra care. I understand that Internal Revenue Code Sections 7213(a), 7213A and 7431 provide civil and criminal penalties for unauthorized inspection or disclosure. These penalties include a fine of up to \$5000 and/or imprisonment of up to 5 years.
13. I will also comply with the terms of any business associate or data sharing agreement that has been entered into by my employer.

In addition to applicable sanctions under federal and state regulations, violations of this policy will be reviewed on a case-by-case basis and may result in disciplinary action up to and including removal.

I have read, understand and will comply with this ODJFS Code of Responsibility.

Applicant Signature 22	Date
Supervisor Signature 23	Date

FOR Access Control Use ONLY

1. Form Instructions: <http://innerweb/omis/InfoSecurity/InfoSecindex.shtml>

JFS 07078 (Rev. 06/2018)

FILLED OUT BY PERSON REQUESTING ACCESS (MARKED IN RED)

1. Name: First, Middle initial, Last
2. Work Phone: Phone number of primary office.
3. Supervisor's name and SOUID
 - a. Supervisor = State/County direct supervisor of individual, person they will be reporting to.
 - b. SOUID = Same as ID used to log into MyOhio site.
4. County: County individual's primary office is located in or County where agency is located.
5. County Agency: (if applicable) CDJFS, CSEA, PCSA
6. State Office: (if applicable) State office where user is located, such as State Office Tower, Dayton Call Center, etc.
7. Bureau/Office: (if applicable) Department individual works in, such as Workforce Development, OIS, etc.
8. Primary Work Street Address: Address of individual's primary office.
9. Non-State Email Address: An email address external from ODJFS (i.e. does not end in @jfs.ohio.gov).
 - a. This email address is required if individual wishes to use the self-service portal to reset their password.
 - b. This email address may be personal one (Such as gmail.com, outlook.com, etc.)
10. Date of Birth: (Optional) If provided, it will assist verifying the id of an individual for items such as password resets.
11. Cell Phone: (optional) A cell phone number where you can be reached.
12. Work Email Address: Individual's work email address (may be left empty if email account still needs to be created).
 - a. Contractors must provide the email address from their company. The form will not be processed without it.
13. PW Recovery Pin: (optional) A 4-digit number selected by the individual to be used for verification of identity when requesting a password reset.
14. Prior State or County Worker: Indicates if individual has worked in the past for the State of Ohio or a County Agency. Select yes or now.
15. Existing or previous RACF/JFS ID/SOUID: Provide any current or previous ID listed.
16. Agency Type: Check off type of agency/group individual is working for.
17. Contract Company Name: If individual is contractor, the name of the company they work for
18. Contract Telephone No: Main phone number of company contractor works for.
19. Applicant Signature/Date: Sign and date form. This must be a physical signature.

FILLED OUT BY SUPERVISOR/PROJECT MANAGER. (MARKED IN BLUE)

20. Contract Expiration Date: Date for end of contract, required for all contractors.
21. Access Requested: Check/Write in access being requested.
 - a. Note: VPN access will require the filling out of an additional form.
22. Business Role: Position that requires requested access.
23. Supervisor Signature/Date: Sign and date form. This must be a physical signature.