



**Health and Social Services**

Division of FMS

IT Security & Technology

**Non-Standard Software Systems  
Security Waiver Form**



This waiver must be filled out when requesting new Application Software or System Devices to insure the safety and security of this department. Please note: Applications refer to any web app, software, or tablet app. Systems refer to physical devices such as workstations, servers, custom appliances or specialty hardware. Please be as thorough as you can when filling out this form.

<b>Name of Vendor(s): You must include any 3<sup>rd</sup> party partners/sources that may be involved.</b>	
<b>Name of Software</b>	<b>Vendor Contract Information</b>
	POC Name: _____ WEB Address: _____ Phone: _____ Notes _____
<b>Estimated Software Cost and Quantity</b>	<b>Type of Software Purchase</b>
	One Time: <input type="checkbox"/> Version Update: <input type="checkbox"/> Annual Renewal <input type="checkbox"/>
<b>Division &amp; Section making request</b>	<b>Division Director's Contact Information</b>
Divison: _____ Sub-Agency: _____	Name: _____ <b><u>Division Director</u></b> Phone: _____ Email: _____
<b>DHSS IT Technical Support Contact</b>	<b>Requester's Supervisor Contact Information</b>
Name: _____ Title: _____ Phone: _____ Email: _____	Name: _____ Title: _____ Phone: _____ Email: _____
<b>Business Contact in Section or Program</b>	<b>Requester's Contact Information</b>
Name: _____ Title: _____ Phone: _____ Email: _____	Name: _____ PCN: _____ Phone: _____ Email: _____



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**What type of data will be stored in this software/system?**

<input type="checkbox"/>	Public	<input type="checkbox"/>	DHSS Internal Only	<input type="checkbox"/>	DHSS Confidential	<input type="checkbox"/>	DHSS Restricted
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<input type="checkbox"/>	PII – <i>Personally Identifiable Information</i>	<input type="checkbox"/>	EPHI – <i>Electronic Protected Health Information (HIPAA)</i>	<input type="checkbox"/>	CJIS – <i>Criminal Justice Information</i>	<input type="checkbox"/>	FERPA
<input type="checkbox"/>	PI/APIPA – <i>Personal Information (APIPA)</i>	<input type="checkbox"/>	PCI / Credit Cardinfo	<input type="checkbox"/>	FTI – <i>Federal Tax Information (IRS PUB 1075)</i>	<input type="checkbox"/>	SAMSHA

**List the data elements being stored in this software or system: Please use remarks page if you need more room:**

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**How will this software/system meet your Business needs or objectives? (Please be clear and specific)**

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**What is your remediation plan? What is your plan to mitigate the risk or stop using the software/application should a breach occur?**

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**What is the impact to your business, if the waiver is not approved?**

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**Who supports this software/system? How will this be done?**

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**Who will patch and update the software/system? How will this be done?**

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<b>Person(s) responsible for Software/System or licenses:</b>		<b>List of other staff who have access</b>			
Name					
Address					
Phone					
Email					
<b>Network Connectivity</b> (How do you plan to connect to the DHSS network.)					
Non-DHSS Network		Wireless	VPN	Internet	Other please explain below
<b>If you selected Other, please explain below: Please add any other relevant information as needed.</b>					
<b>Person filling out this form</b>			<b>LANDesk ticket number</b>		
Supervisor printed Name, phone number:			Supervisor Signature & Date:		
Division Director printed Name, phonenumber:			Division Director Signature & Date:		
ISO, Alternate, or Designee printed Name, phone number:			ISO, Alternate, or Designee Signature & Date:		



