

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
WELFARE FRAUD BUREAU FRAUD DETECTION SYSTEMS  
SPECIAL INVESTIGATIONS UNIT (SIU) WEB ACCESS REQUEST**

NOTE: All documents and materials submitted for posting to the CDSS SIU Web will be reviewed for personally identifying information and appropriateness of content.

<b>OFFICIAL USE ONLY</b> Date Received:
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<input type="checkbox"/> Add User <input type="checkbox"/> Change <input type="checkbox"/> Delete User
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County \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Approver Name \_\_\_\_\_ Approver Title \_\_\_\_\_

I confirm that the SIU Web access request listed here meets the business needs of the County SIU and restrictions of the SIU Web page. <b>I agree to delete users as they terminate from employment.</b>	
Approver Signature _____	Date _____

By signing below I acknowledge my responsibility for protecting personally identifying information and the confidentiality of the SIU Web Forum.	
User Signature _____	Date _____

Incomplete or unsigned requests cannot be processed. Submit completed requests to:

Fax: (916) 651-5009  
 E-Mail: [FraudPrevention@dss.ca.gov](mailto:FraudPrevention@dss.ca.gov)  
 Mail: CDSS Fraud Bureau FDSU, 744 P Street, MS 9-11-26, Sacramento, CA 95814

**OFFICIAL USE ONLY**

Processed by: _____	User Name: _____
Signature _____	Date _____