



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Child Care

Andy Beshear
Governor

275 East Main Street, 3C-F
Frankfort, KY 40621
Phone: 502-564-2524
Fax: 502-564-3464
www.chfs.ky.gov/agencies/dcbs

Eric C. Friedlander
Secretary

Lesa Dennis
Commissioner

Dear Employer,

The Division of Child Care would like to invite you to participate in the Kentucky Integrated Child Care (KICCS) Portal. The portal allows you access to the application process for the Employee Child Care Assistance Partnership Program, ECCAP. You will be able to view, save, print, and submit required program information.

Enclosed is the two-page KICCS Portal agreement and instructions for completing the agreement. When submitting a copy of your driver's license, please make sure that the photo is clear, and the personal information can be read.

After completing the agreement, you will need to create a Kentucky Online Gateway (KOG) account <http://chfsky.gov/dcbs/dcc.kiccsportal/>. If you need assistance completing the online, request, please contact the KICCS Help Desk at 502-564-0104, option 6 or toll-free at-1-866-231-0003, option 6.

Sincerely,
Division of Child Care

TEAM III/JJI,
KENTUCKY.

CABINET FOR HEALTH
AND FAMILY SERVICES

**Commonwealth of Kentucky
Cabinet for Health and Family Services (CHFS)
Division of Child Care (DCC)**

Kentucky Integrated Child Care System (KICCS) Portal Access Agreement

Employer Form and Online Request Instructions

General Procedure

To obtain access to the KICCS Portal and its online features, an applicant must have a citizen account accessible through the Kentucky Online Gateway (KOG) and a Federal Employer Identification Number (FEIN). Please type or complete this form in ink and include a legible copy of the driver's license or state photo ID. All information must be accurate and complete, and the form must contain the appropriate authorized signature(s) (non-electronic) from an owner or authorized agent registered with the Kentucky Secretary of State's Office. Once the form is complete, submit the Portal Access form and ID to Portal.Access@ky.gov.

- **Step 1:** Print this form. Submit one form for each user requesting an account.
- **Step 2:** Follow the instructions available on the KICCS Portal Launch Site (<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/kiccportal.aspx>) to create a citizen account or request KICCS portal roles through the KOG. If you need help completing the online request, contact the KICCS Help Desk (502) 564-0104, Option 6, or toll free at 866-231-0003, Option 6.
- **Step 3:** Complete ALL fields of the form. Handwritten information must be legible. Access will not be granted if the user information is incomplete or illegible.
- **Step 4:** Please ensure the administrator signature line is signed (not electronically signed) by the owner or registered agent documented with the Kentucky Secretary of State.
- **Step 5:** Submit the completed form and a copy of your driver's license or valid photo ID issued by the state to fax number 502-564-3464 or by email: Portal.Access@ky.gov.

If you prefer, you may mail these documents to:

Division of Child Care
ATTN: CCAP Portal Administrator
275 E. Main St, 3C-F
Frankfort, KY 40621

NOTE: Please enlarge and lighten your driver's license before faxing. It will make the image easier to read.

For questions or assistance, please call the help desk at (502) 564-0104, Option 6, or toll free at 866-231-0003, Option 6.

Commonwealth of Kentucky
Cabinet for Health and Family Services (CHFS)
Division of Child Care (DCC)

Kentucky Integrated Child Care System (KICCS) Portal Account Agreement

SECTION 1: EMPLOYER USER INFORMATION

REQUEST DATE: _____ KY DL/PHOTO ID NO. _____
FIRST NAME: _____ M.I. _____ LAST NAME: _____
EMAIL USED ON KOG: _____
PRIMARY PHONE:.....'----- SECONDARY PHONE:.._.______
ENTER NAME OF THE HEAD OF ORGANIZATION/OWNER: _____
BUSINESS NAME: _____ FAX NUMBER: _____
BUSINESS FEIN _____

BUSINESS PHYSICAL ADDRESS: _____
CITY: _____ STATE _____ ZIP: _____ COUNTY: _____

BUSINESS MAILING ADDRESS: _____
CITY: _____ STATE _____ ZIP: _____ COUNTY: _____

SECTION 2: KICCS PORTAL ACCOUNT USER AGREEMENT

By accepting this user agreement, I acknowledge I have been made aware of my responsibilities to protect the confidentiality of the information in the KICCS Portal Account. I am only permitted to use the KICCS Portal Account for the purpose of reporting information for the Employee Child Care Assistance Partnership Program, ECCAP. I acknowledge I have been made aware that misuse of the information may potentially lead to penalties and/or system revocation.

As an authorized user, I agree to the following terms of use:

1. I agree to make only authorized use of any information in the KICCS Portal Account. I agree to not divulge the contents of any record except as permitted by state or federal law.
2. I agree not to share any user name or password information. I acknowledge I am responsible for any actions taken on the KICCS Portal Account under my login name.
3. I agree not to access the information contained in the KICCS Portal Account other than for authorized business actions.
4. I agree to terminate my access to the KICCS Portal Account when my employment with the reporting entity ends or when my job responsibilities no longer require me to access KICCS Portal Account information.
5. I agree to report any misuse of the KICCS Portal Account or violations of this agreement immediately to the CHFS IT Security Officer.

Any misuse of the KICCS Portal Account or its information may lead to temporary revocation of access privileges, permanent loss of access privileges or penalties under state and/or federal law.

SECTION 3: AUTHORIZATION SIGNATURE FOR ALL ACCOUNT REQUESTORS

I attest to the best of my knowledge the information provided above is true, accurate, and complete and that I have read and agree to the KICCS Portal Account user agreement terms within this document.

▶ **YOUR SIGNATURE HERE** ▶ _____
DATE

Your Printed Name (must be legible): _____

▶ _____ ▶ _____
YOUR ADMINISTRATOR'S SIGNATURE HERE **DATE**
(IF YOU ARE THE OWNER, HEAD OF ORGANIZATION, OR ADMINISTRATOR, SIGN HERE AGAIN)

Your Administrator's Printed Name (must be legible): _____

Section 4 is for the Division of Child Care staff only. Do NOT write below this line.

SECTION 4: AUTHORIZATION SIGNATURE(S) FOR DCC ADMINISTRATORS ONLY

I certify the job duties of the User require access to the program(s) requested and the access complies with appropriate use as specified in the KICCS Provider Portal Account User Agreement.

DCC ADMINISTRATOR: _____ **DATE:** _____
