

# Request for User Access to HHSC Systems

Please Note: We cannot accept forms with corrections or modifications, including strikethroughs, "write-overs," and/or correction fluid.

## Section 1: Type of request -- Please mark only one box:

☐

**ADD/MODIFY:** Add New SAVERR/TIERS User or Modify an Existing User's Access

☐

**DELETE:** Delete a SAVERR/TIERS User Completely

## Section 2: User Identifying Information -- Please type or print clearly:

|              |  |   |  |
|--------------|--|---|--|
| User's Name: |  | Social Security Number:   |  |
| Agency:      |  | Work Email Address:   |  |
| TWC:         | <input type="checkbox"/>                       | Phone Number:<br><small>(Include area code and extension, if any)</small> |  |
| WDA:         | <input type="checkbox"/> Specify Board # _____ |   |  |

## Section 3: HHSC Systems Access Requested -- A signed and dated HHSC Security and Privacy Agreement must be submitted for all requests for new user access to SAVERR/TIERS systems:

Please specify access by checking "Allow" or "Deny" for the three SAVERR/TIERS resources:

|   | ALLOW | DENY | HHSC Application Name                                     |
|---|-------|------|---|
| → |       |      | SAVERR TAMENU Inquiry (Transaction Code TAMENU)           |
| → |       |      | TIERS TWC Inquiry   |
| → |       |      | SAVERR Client Eligibility Inquiry (Transaction Code TVCC) |

## Section 4: Signatures -- Please add the appropriate signatures. If the user is an internal TWC employee, then only the user's supervisor needs to sign:

|  |               |  |               |
|--|---------------|--|---------------|
| _____<br>User's Supervisor's Signature | _____<br>Date | _____<br>WDA TWIST Administrator's Signature | _____<br>Date |
|--|---------------|--|---------------|

## Section 5: Contact Information -- Please email (scan), fax, or mail completed forms to:

Mail to:

**SAVERR - TIERS ACCESS**  
**TWC DATA PROCESSING, ROOM 0307**  
**101 E. 15th Street**  
**Austin, TX 78758**

Or:

**Email: [saverr.tiersaccess@twc.state.tx.us](mailto:saverr.tiersaccess@twc.state.tx.us)**

**Fax: (512) 463-6394**

## Section 6: TWC Security Coordinator Use Only:

|   |               |                          |
|---|---------------|--------------------------|
| _____<br>TWC Security Coordinator Signature | _____<br>Date | TAMENU Initial Password: |
|---|---------------|--------------------------|

**Comments:**