Kansas
Eligibility Enforcement
System (KEES)

PE Access and Change Request

User Information:

All fields are required – enter "x" in the **MI** field <u>only</u> if the User doesn't have a middle name.

Last Name	First Name	MI	Phone Number	Email Address
Supervisor:			**Phone Number**	**Email Address**
Employee's Functional Job Title:			**Employee's Site Location:**	

1. Review the request for incomplete or incorrect information.
2. If you approve, sign and date below, scan the document, and **attach** to an e-mail message. Do **NOT** paste a copy of the document within your e-mail. The final request form <u>must</u> be a stand-alone document e-mailed from the Supervisor's mailbox. (Please include User's name in the Subject field.)
3. E-mail the form to: kdhe.PERequest@ks.gov
4. If you are unable to email the form please send hardcopy to:

> **Presumptive Eligibility Team**
> **900 SW Jackson, Suite 804**
> **Topeka, KS 66612**

Supervisor Signature: _____ Date: _____

PE Security Access

If you are unsure of which permissions to request, please indicate an existing user we can mirror in the comment section below.

☐← **Click here to remove all PE Tool access.** Include a reason and date that can be associated with this event in the Comments section at the bottom of the form.

ADD	SECURITY GROUP NAME	ADD	SECURITY GROUP NAME
☐	PE QE Adult Staff	☐	PE QE Adult Supervisor
☐	PE QE Child Staff	☐	PE QE Child Staff Supervisor
☐	PE QE Pregnant Staff	☐	PE QE Pregnant Staff Supervisor

COMMENTS: