

ASSURANCES & CERTIFICATIONS

Port Gamble S’Klallam Tribe & State of Washington, Department of Social & Health Services

**Indian Nation Program Agreement:
Data Share Agreement - ACES & SEMS Web #1062-11247**

1. All Child Support and TANF program employees or contracted staff members comply with the Data Security Provision of the Data Share Agreement (DSA).
2. Our Tribe has policies in place to ensure confidentiality of DSHS and Employment Security Department data.
3. SEMS Access – Direct: All Child Support & TANF program employees or contracted staff members with direct access to SEMS have acknowledged (Electronically by SEMS) and signed the DSHS Form 9-989 (Confidentiality Statement – Tribal Employee).
4. SEMS Access – Indirect: All Child Support & TANF program employees or contracted staff members with indirect access to SEMS Data have signed the DSHS Form 9-989 security form.
5. ACES Access: All Child Support & TANF program employees or contracted staff members with access to ACES records & information, whether direct or indirect, have signed the Washington State Department of Social and Health Services, Notice of Nondisclosure form with a copy kept on file.
6. ESD Data – TANF Program: All TANF program employees or contracted staff members with access to Employment Security Department (ESD) records and information, whether direct or indirect, have signed the Washington State ESD Notice of Nondisclosure form.
 - a. The signed original copy of the form has been sent to the ESA State Tribal Relations Office, Tribal Relations Program Administrator – TANF.

TANF Program

- Please identify the two (2) individuals with direct access to the ACES, SEMS & ESD databases through use of the two (2) fobs provided by DSHS to the TANF program.

1. **Print Name** _____ **IP Address:** # _____ **Assigned FOB Serial** # _____

2. **Print Name** _____ **IP Address:** # _____ **Assigned FOB Serial** # _____

Child Support Program

- Please identify the two (2) individuals with direct access to the ACES, SEMS & ESD databases through use of the two (2) fobs provided by DSHS to the Child Support program.

1. **Maria (Tran) Huynh** _____ **IP Address:** # _____ **Assigned FOB Serial#** [REDACTED]

2. **Lena (Hanna)Tunkara** _____ **IP Address:** # _____ **Assigned FOB Serial #** [REDACTED]

TANF PROGRAM	CHILD SUPPORT PROGRAM
<input checked="" type="checkbox"/> By checking this box, I agree as the Tribe’s Security Monitor for the TANF Program, that the Tribe is in compliance with the certification contained herein.*	<input checked="" type="checkbox"/> By checking this box, I agree as the Tribe’s Security Monitor for the Child Support Program, that the Tribe is in compliance with the certification contained herein.*
Jolene Sullivan 10/10/11	Jolene Sullivan 10/10/11
Security Monitor Date	Security Monitor Date
*The Security Monitor for the TANF & Child Support programs may be the same person	