Lost/Stolen IT Notification Form

Directions: Complete this form when any WIC device that operates the TXIN management information system and stores confidential WIC applicant/participant data is lost or stolen **AND** it's believed that staff login credentials have been or may be compromised. Send the completed form and all requested attachments to <u>WICClinics@hhs.texas.gov</u> immediately upon discovery of the device being lost or stolen.

Do not include any passwords on this form

If it's believed that no staff login credentials were compromised, please refer to the Local Agency IT Procedures.

	Required Information – Filled Out by Local Agency								
	1.	Person Making Report:	Email				Phone		
	2.	Impacted Staff:	Email				Phone		
	3.	Incident: Lost 🗆 Stolen 🗆	Date of Report				Asset #		
	4.	Police Report Made? Yes 🗆 No 🗆	Date of Incident				User/Account ID:		
	5.	Police Report Number, if applicable: (attach police report)							
	6.	Type of Information stored on the device:			Bra	rand and Serial #:			
	7.	 Is the device encrypted? Yes □ No□ Is the device password protected? Yes □ No□ *Reminder: Do not send password* 				Last known/verified staff login date:			
	8. Parent Agency Name (no abbreviations):								
	9. Name of Federal Program (no abbreviations):								
	10.	Other (attach any additional informatio							
CON	/ME	NTS:	L						

		Required Information – Filled Out by WIC HelpDesk						
	1.	1. Last attempted login (per system record):						
	 Potential Breach (attempted login after last known login):: 							
	3. Other (attach any additional information to							
CON	COMMENTS:							