

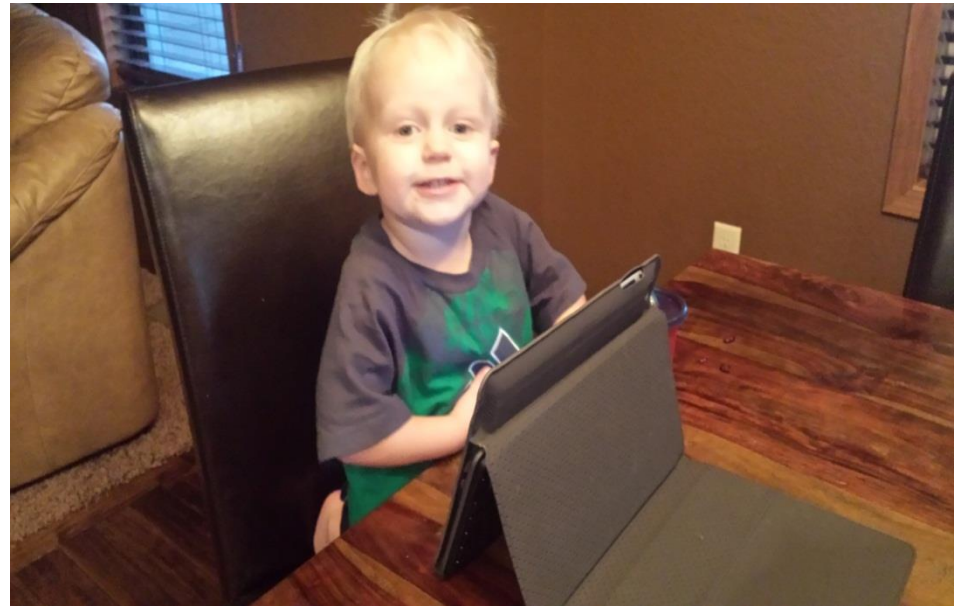
SOUTH DAKOTA VARO COMPUTER ACCESS AND BACKGROUND INVESTIGATION BRIEFING

Human Resources Specialist

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Access tools that VBA Offers

- “ VBMS
 - “ Share
 - “ Virtual VA
 - “ MAP-D
 - “ Stakeholder Enterprise Portal
 - “ Citrix Access Gateway (CAG)
-
- “ Providing secure VA information regarding the Veterans's claims

At the VA-NSOC Remote Access Gateway Web Portal window, enter your site domain\username, (vba\your user name) and password. These would be the same credentials you would use when logging on to your computer that is connected to a domain.

Please note: This information is controlled and managed by your local RO ISO Staff. Therefore, for questions or concerns, including password changes, please consult your local RO ISO Staff.

VA Citrix Remote Access

When logging into this system you agree to the following:



You are accessing a U.S. Government information system, which includes:

- (1) this computer,
- (2) this computer network,
- (3) all computers connected to this network, and
- (4) all devices and storage media attached to this network or to a computer on this network.

This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following:

You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, the government may for any lawful government purpose monitor, intercept, search and seize any communication or data transiting or stored on this information system. Any communications or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.

If you have any further questions regarding Citrix Remote Access and associated resources, please contact the VA Service Desk at 1-888-596-4357 or via email at VASD@va.gov

Domain\Username:

Password:

Logon

Information Security Awareness Training

Mandatory for all VA employees, contractors, VSO's, students, interns, and volunteers. This training is required for all individuals who have been granted a VA user identification (ID) and password to access any VA computer system.

“ VBA Annual Requirements:

- “ RO, VSO employees and volunteers must complete the TMS courses for Information Security Awareness and Privacy Awareness.**
- “ RO, VSO employees and volunteers must complete the veteran-employee and veteran relative form prior to network and computer access.**
- “ Agree to the Rules of Behavior (ROB). This is a binding agreement between you and the VA. The ROB are annually agreed to again as part of the Information Security Awareness training.**

Rules of Behavior (ROB)

- “ It is a mandatory VA and federal requirement that all employees sign a certification of receipt and understanding of the ROB before initial system access is granted and **annually** thereafter.
- “ **VBA ROB addresses:**
 - Privacy policies for protecting veterans' personal data against unauthorized disclosure
 - Acceptable use of government systems and software, to include the Internet
 - Misuse of government systems, mishandling of veteran data, and unauthorized disclosure of sensitive information could result in disciplinary action and termination of employment

Annual Certification of Veteran-Employee and Veteran Relatives

VA Form 20-0344

Annual Certification of Veteran-Employee and Veteran Relatives

- Required if an employee is granted access to VBA IT systems and to ensure that the claims records of all veteran-employees and employee veteran-relatives are identified and properly secured.
- Example on next slide.



Annual Certification of Veteran-Employee and Veteran Relatives

Complete
Section I, Blocks 1 – 6

Section II, If you are receiving VA benefits as a veteran or a dependent

Complete
Section III if you have relatives who are veterans

Finally, do not forget block 19 - to sign and date

OMB Control No. 2900-0654
Respondent Burden: 25 Minutes

Department of Veterans Affairs ANNUAL CERTIFICATION OF VETERAN STATUS AND VETERAN-RELATIVES

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 84VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is mandatory. Giving us your and your veteran relatives' SSN account information is mandatory. Any persons, including dependents and beneficiaries, who apply for or receive VA Compensation and Pension benefits are required to provide their SSN under Title 38 USC 5101(c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to identify the benefit records VA maintains for you and your relatives in order to insure the security and confidentiality of the records (5 U.S.C. 552a(c)(10)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMB/NV.html. If desired, you can call 1-800-827-1000 and give your comments or ask for mailing information on where to send your comments.

SECTION I - EMPLOYEE INFORMATION	
1. EMPLOYEE'S LAST NAME, FIRST NAME, MIDDLE INITIAL	2. EMPLOYEE'S SOCIAL SECURITY NUMBER
3. EMPLOYEE'S DATE OF BIRTH (MONTH, DAY, YEAR)	4. REGIONAL OFFICE OF EMPLOYMENT
5. HAVE YOU EVER APPLIED FOR OR RECEIVED BENEFITS FROM THE DEPARTMENT OF VETERANS AFFAIRS (Either as a veteran or a veteran's dependent)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Note: If your answer is "no" to both items 5 and 6 above, skip Section II and proceed to Section III on the reverse to complete the remainder of the form. If your answer is "yes" to either or both items, please complete the entire form including items 7 through 14 below. If you are a veteran, provide the information requested in items 7 through 14 relative to your military status and VA claims records. If you are a veteran's dependent, provide the requested information for the veteran on whom your benefits eligibility is based.	
SECTION II - VETERAN EMPLOYEE/VETERAN'S DEPENDENT INFORMATION	
7. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (Last, First, Middle)	
9. YOUR RELATIONSHIP TO VETERAN <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT	
9. VETERAN'S MILITARY SERVICE NUMBER	
10. VETERAN'S SOCIAL SECURITY NUMBER	11. VETERAN'S DATE OF BIRTH (MONTH, DAY, YEAR)
12. INSURANCE FILE NUMBER (if applicable)	
13. CLAIMS FILE NUMBER (if applicable)	
14. VA BENEFITS APPLIED FOR (Check all boxes that apply)	
<input type="checkbox"/> NONE	<input type="checkbox"/> TOTAL OR TOTAL AND PERMANENT DISABILITY (USGLI)
<input type="checkbox"/> DISABILITY COMPENSATION	<input type="checkbox"/> PENSION
<input type="checkbox"/> VOCATIONAL REHABILITATION	<input type="checkbox"/> EDUCATION OR TRAINING
<input type="checkbox"/> HOSPITAL OR DOMICILIARY CARE	<input type="checkbox"/> OUTPATIENT TREATMENT
	<input type="checkbox"/> TOTAL DISABILITY (NSLI)
	<input type="checkbox"/> RETIREMENT PAY
	<input type="checkbox"/> LOAN GUARANTY
	<input type="checkbox"/> OTHER (Specify below)

VA FORM 20-0344 JUN 2004

SECTION III - INFORMATION ABOUT YOUR RELATIVES WHO ARE VETERANS AND/OR VA BENEFICIARIES

Note: List all relatives (spouse, child, parent, sibling) who are veterans or who have applied for or are receiving benefits as a veteran's dependent. If assistance is needed in obtaining military service numbers and/or claims numbers and you do not have access to BIRLS (VA's beneficiary information and records locator system), please see your station's IT Security Officer. Check item 18 "Additional Information" and attach a separate sheet if more space is needed.

15. RELATIVE INFORMATION - FIRST	
A. RELATIVE'S LAST NAME, FIRST NAME, MIDDLE NAME	▶
B. RELATIONSHIP TO YOU	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING
C. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (LAST, FIRST, MIDDLE)	▶
D. VETERAN'S SOCIAL SECURITY NUMBER	▶
E. VETERAN'S MILITARY SERVICE NUMBER	▶
F. INSURANCE FILE NUMBER	▶
G. CLAIMS FILE NUMBER	▶
H. VETERAN'S BIRTHDATE (MONTH, DAY, YEAR)	▶
16. RELATIVE INFORMATION - SECOND	
A. RELATIVE'S LAST NAME, FIRST NAME, MIDDLE NAME	▶
B. RELATIONSHIP TO YOU	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING
C. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (LAST, FIRST, MIDDLE)	▶
D. VETERAN'S SOCIAL SECURITY NUMBER	▶
E. VETERAN'S MILITARY SERVICE NUMBER	▶
F. INSURANCE FILE NUMBER	▶
G. CLAIMS FILE NUMBER	▶
H. VETERAN'S BIRTHDATE (MONTH, DAY, YEAR)	▶
17. RELATIVE INFORMATION - THIRD	
A. RELATIVE'S LAST NAME, FIRST NAME, MIDDLE NAME	▶
B. RELATIONSHIP TO YOU	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING
C. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (LAST, FIRST, MIDDLE)	▶
D. VETERAN'S SOCIAL SECURITY NUMBER	▶
E. VETERAN'S MILITARY SERVICE NUMBER	▶
F. INSURANCE FILE NUMBER	▶
G. CLAIMS FILE NUMBER	▶
H. VETERAN'S BIRTHDATE (MONTH, DAY, YEAR)	▶
18. ADDITIONAL INFORMATION <input type="checkbox"/> Please check if additional relatives are identified on an attachment to this form. I certify that the above information is correct and complete to the best of my knowledge.	
19. SIGNATURE OF EMPLOYEE (Do NOT Print)	20. DATE SIGNED

20-0344 JUN 2004 (Back)

Sensitized

- "Veteran records may be sensitized.
- "Employees have restricted sensitive access.
- "ISO reviews daily security violation logs.


PIV Card Readers

” SCM 3310v2



Background Investigations





According to FIPS (Federal Information Processing Standards Publication) 201, the minimum requirement to be issued a PIV badge is a successfully adjudicated Special Agreement Check (SAC; i.e. fingerprints) and an initiated National Agency Check with Written Inquiries (NACI).

Information needed to initiate a NACI background investigation:

- " Name
- " Address
- " Date of Birth
- " Place of Birth
- " Social Security Number
- " e-mail Address

Steps in the process:

Complete the forms in the application package. They include:

- “ OF-306 Declaration for Federal Employment
- “ OF-612 Optional Application for Federal Employment OR Resume
- “ Fingerprint Memo AND OF-87 Fingerprint Chart
- “ VA Form 20-0344 Annual Certification of Veteran Status and Veteran-Relatives

Fingerprints can be completed at the nearest Police Department. The official chart (SF-87) is included in the package. If there is a cost, that cost is *not* paid by the Department of Veterans Affairs.



Sign the fingerprint chart and the fingerprint memo.



Have the Security Officer taking the prints sign the fingerprint chart and the fingerprint memo.



Mail all (5) completed forms to:

Coleen Wright (21/HR)

Dept. of Veterans Affairs . VBA

2501 W. 22nd Street

Sioux Falls SD 57105

The VA Form 20-0344 Annual Certification of Veteran Status and Veteran-Relatives will be given to the ISO when the package is received.



When the background investigation package is received, a NACI investigation will be initiated for you. You will be contacted by e-mail with the instructions on how to complete the online investigation. There will be 2 signature pages that you will need to return to the HR Liaison for submission with the rest of your NACI package.



Online investigations must be completed within **15 days** of initiation of the NACI. Timeliness is extremely important.



Once that has been completed, the ISO will be able to complete the remaining authorizations and credentialing for you.



When it has been determined that you will need to have a PIV badge for access to VBA systems, you will be notified by the Sioux Falls Regional Office and the SD Division of Veterans Affairs. PIV badges are obtained through the Sioux Falls VA Medical Center and the Fort Meade VA Medical Center.

Summary: Steps needed to Get Access



- “ Trip training.
- “ VA Privacy and Information Security Awareness and Rules of Behavior certification and FTI Training in TMS
- “ Signed VA Form 20-0344 (Annual Certification of Veteran Status and Veteran-Relatives).
- “ Proof of Accreditation from Office of General Counsel (OGC)
- “ Background Check initiated with HR