

Portal Account Registration and Management

The HHS Enterprise Portal

Last Updated: 6-27-19

About this Document

This document was designed to be read interactively on your computer, tablet, or smart phone.

Click on the area beside the arrow to move to the next step.

Click **Back** to return to the pervious page.

Click **New Topic** to return to the list of topics.



Click Me

OK

Select a topic

- I want to register for a portal account
- I want to change my password and/or security questions
- I want to change information on my portal account
- I forgot my password
- I forgot my username
- I am locked out of my account



Register for a Portal Account

[Click here to get started](#)


New Topic


Navigate to the portal and select Register

System Use Notification

Warning: This is a Texas Health and Human Services information resources system that contains State and/or U.S. Government information. By using this system you acknowledge and agree that you have no right of privacy in connection with your use of the system or your access to the information contained within it. By accessing and using this system you are consenting to the monitoring of your use of the system, and to security assessment and auditing activities that may be used for law enforcement or other legally permissible purposes. Any unauthorized use or access, or any unauthorized attempts to use or access, this system may subject you to disciplinary action, sanctions, civil penalties, or criminal prosecution to the extent permitted under applicable law.

Broadcast Message(s):

 The HHS Enterprise Portal is a secure, easy-to-use interface for accessing or requesting access to dozens of state applications, services, and assets. [View Details](#)

 Missed the UAT demonstration video? [Download it here.](#) [View Details](#)


Sign In


Username

Password

[Forgot Username?](#)
[Forgot Password?](#)

New to the portal?




[Help](#) | [Supported Browsers](#) | [FAQs](#) | [Contact Us](#) | [Internet Policy](#)


New Topic


Select your user type


Select any
option



HHS Enterprise Portal 

 **TEXAS**
Health and Human Services



Self Registration 

- ☐ I am an HHS Employee.
- ☐ I work at HHS as a Contractor, Temporary Worker, Volunteer, or Intern.
- ☐ I work for a Non-HHS Government Agency or Partner Organization.
- ☐ I represent a private organization that is bidding on a government contract specific to CAPPS Supplier Portal
- ☐ None of the above.

Cancel




New Topic

Enter your Employee ID and click **Next**

Employee IDs consist of eleven (11) numerical values.

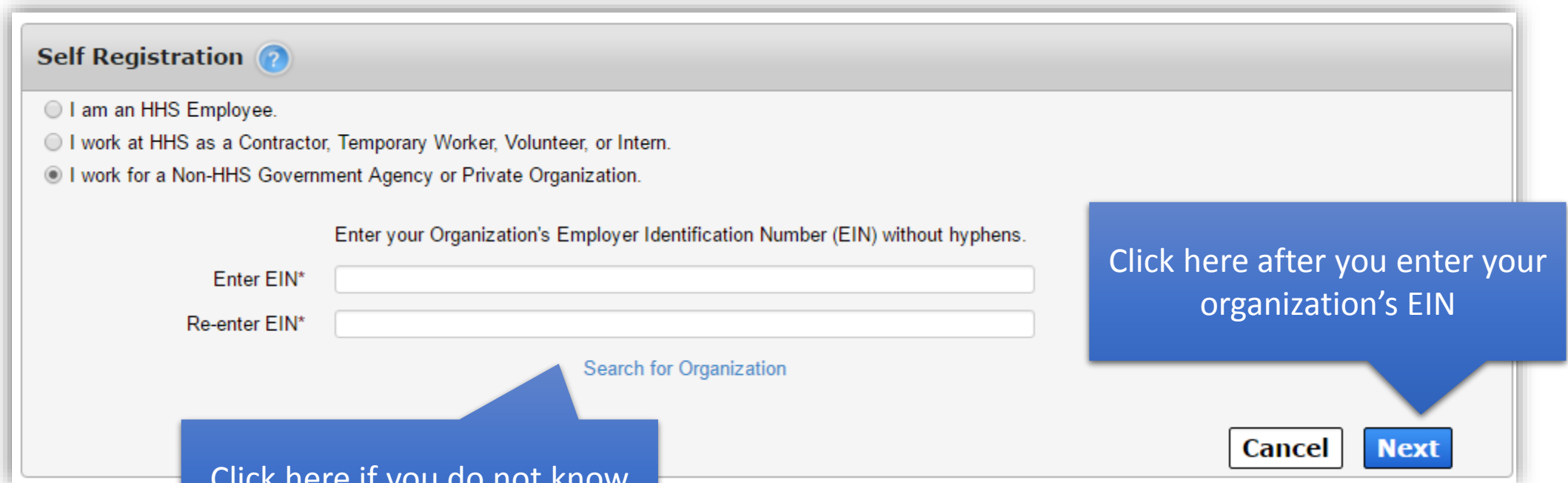
Enter your HHS Employee ID*

Re-enter your HHS Employee ID*



New Topic

Enter your Organization's EIN



Self Registration ?

☐ I am an HHS Employee.

☐ I work at HHS as a Contractor, Temporary Worker, Volunteer, or Intern.

☒ I work for a Non-HHS Government Agency or Private Organization.

Enter your Organization's Employer Identification Number (EIN) without hyphens.

Enter EIN*

Re-enter EIN*

[Search for Organization](#)

[Cancel](#) [Next](#)

Click here after you enter your organization's EIN

Click here if you do not know your organization's EIN



New Topic

Enter your organization's name

Search for Organization

Search for Organization

[Back](#) [Search](#)



Click on the **name** of your organization

Search for Organization

Search for Organization

[Back](#) [Search](#)

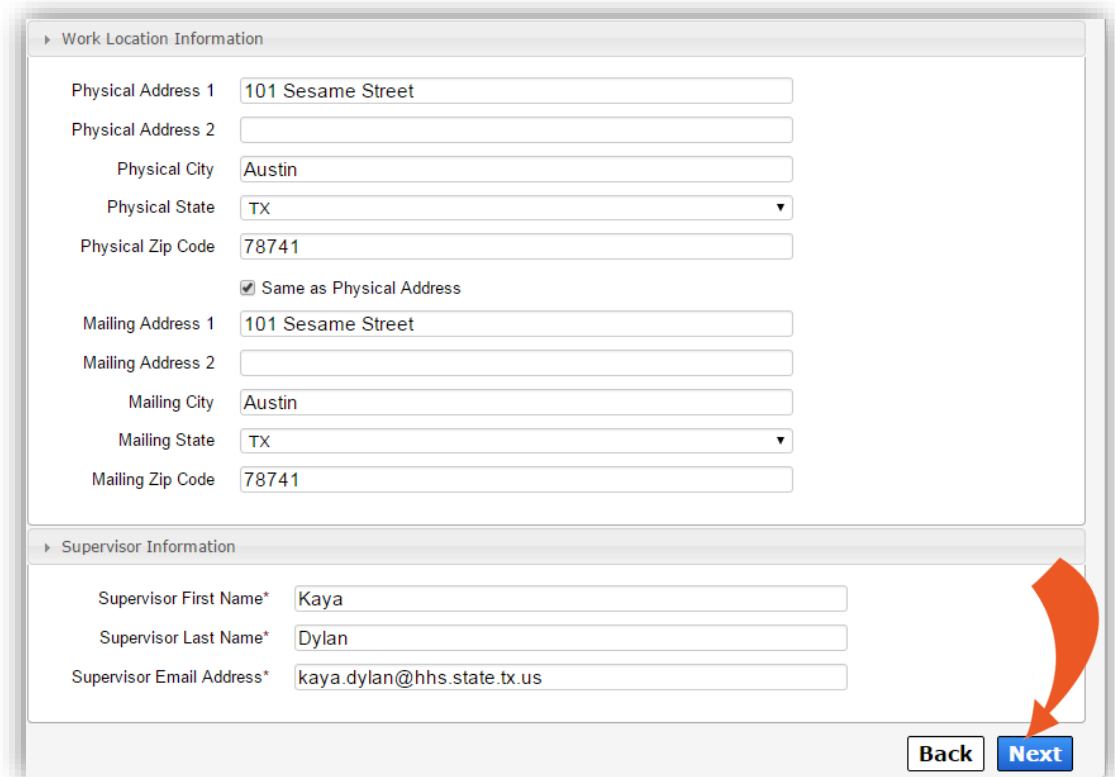
Name	Description	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address
Women's Health of Austin		Katherine	Phillips	5122893163	kayep11@hotmail.com



New Topic

Fill out your profile details

- Fields with asterisks cannot be left empty.
- Read the rules before creating a username.
- Remember how you enter your name in the first/last name fields. Later, you will need to enter your name exactly as it appears here when signing the Acceptable Use Agreement.
- Click **Next** when you are ready.



The screenshot shows a web form with two sections: "Work Location Information" and "Supervisor Information".

Work Location Information:

- Physical Address 1: 101 Sesame Street
- Physical Address 2: (empty)
- Physical City: Austin
- Physical State: TX (dropdown menu)
- Physical Zip Code: 78741
- ☒ Same as Physical Address
- Mailing Address 1: 101 Sesame Street
- Mailing Address 2: (empty)
- Mailing City: Austin
- Mailing State: TX (dropdown menu)
- Mailing Zip Code: 78741

Supervisor Information:

- Supervisor First Name*: Kaya
- Supervisor Last Name*: Dylan
- Supervisor Email Address*: kaya.dylan@hhs.state.tx.us

At the bottom right, there are two buttons: "Back" and "Next". An orange curved arrow points from the "Next" button towards the top right corner of the form.



New Topic

Complete the Bidder Registration form

Request Access: Bidder Registration

Account Information

- Username can contain a-z, A-Z, or 0-9
- Username can only contain the following special characters _ - . @
- Numeric only Usernames are not allowed
- A green checkmark means your selected username is available.
- A red (x) means your selected username is unavailable.

* Required Field

Username *

First Name *

Middle Name

Last Name *

Suffix

Select One

Gender *

Select One

Email Address *

Primary Phone *

###-###-####-extension

Primary Phone Type *

Select One

Secondary Phone

###-###-####-extension

Secondary Phone Type

Select One

Mobile #

###-###-####

Street Address *

Enter a username and other information

Secondary Phone

###-###-####-extension

Secondary Phone Type

Select One

Mobile #

###-###-####

Street Address *

City *

Zip *

Country

USA

State *

Texas

County

Select One

Address Type *

Select One

Company Name *

Days and times you can be reached *

Tin/FEIN *

###-##-####-##

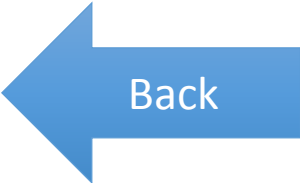
For security purposes, Verify you're not a robot. Solve the math problem or type the letters or numbers. *

vzctb

Back

Next

Enter your organization's 9-digit Taxpayer Identification Number (TIN) or 11-digit Federal Employer Identification Number (FEIN). Contract bidders must enter their organization's TIN. Verify that you are not a robot and select **Next**



New Topic

10-Day Request Period

- You will receive an request update via email within 10 days.
- Communicate with your Supervisor if the 10-day period is almost over and you have not received an update. If your Supervisor fails to respond to your request, you will be forced to resubmit an access request.
- You will receive an email after your request has been approved.

Next

Back

New Topic

Check your inbox for an email

The email contains:

- Your username
- A temporary password
- A link to the portal

Click the portal link. On the portal Welcome page, enter your username and temporary password in the fields provided, then click **Sign In**.

Next

Back

New Topic

Sign the Acceptable Use Agreement

- Read the agreement, scrolling to the bottom of the page to enable the confirmation checkbox.
- Check beside the confirmation checkbox
- Enter your first and last name as it appears in CAPPS (if you are an HHS Employee) or as it was entered when you registered for an account (if you are not an HHS Employee).
- Click **Next**.

Acceptable Use Agreement

Please review and agree to the terms of the Acceptable Use Agreement. You must scroll to the end of the agreement to enable the checkbox.

Health and Human Services Acceptable Use Agreement (AUA)
(Formerly known as the Computer Use Agreement or CUA)

Please read the following agreement carefully and completely before signing.

Purpose
The purpose of this document is to inform you of your responsibilities concerning the use of Texas Health and Human Services System (HHS) Confidential Information, HHS Agency sensitive information, and HHS Information Resources.[1] This includes: computer, hardware, software, infrastructure, data, personnel, and other related resources. Your signature is required to formally acknowledge your understanding, acceptance, and compliance of HHS's Information Resource Acceptable Use provisions. This agreement applies to all persons using HHS Information Resources and/or using, disclosing, creating, transmitting, or maintaining HHS Confidential Information or HHS Agency sensitive information, whether employed by an HHS Agency or not, and is based on policy delineated in the HHS Enterprise Information Security Policy (EIS-Policy), and the HHS Enterprise Information Security Acceptable Use Policy (EIS-AUP). Users are further informed of their responsibilities regarding the use of HHS Information Resources when taking the required annual HHS Enterprise Information Security Acceptable Use Training.

I understand and hereby agree to comply with the following Information Resource Acceptable Use provisions:

Authorized Use

- Information Resources are intended to be used in support of official state-approved business.
- Limited personal use of Information Resources may be allowed and is described in other policies and procedures of the HHS Agency by which I am employed.
- Proper authorization is required for access to all information owned by HHS Agencies, except for information that is maintained for public access.
- I will not attempt to access or alter any information that I am not authorized to work with in the performance of my job duties.
- I will not enter any unauthorized information, make any unauthorized changes to information, or disclose any information without proper authorization. Unauthorized access to an HHS Information Resource, allowing another party unauthorized access to, or maliciously causing a computer malfunction are violations under Chapter 33 of the Texas Penal Code ("Computer Crime Law") and are punishable by fines, jail time, or both.

User Credentials

- I will receive and will be required to use credentials (User ID and Password) to gain access to and to use HHS Information Resources.

☐ By checking this box and typing my name below, I acknowledge that I read and understood the agreement, and I agree to comply with its terms.

Provide an electronic signature by entering your first and last name:

First Name

Last Name

Cancel Next



New Topic

Create a Password

Read the password rules before you start. The red text will change to green when a condition is met.

Change Password

Your password must be changed to continue.

New Password*

Confirm New Password*

Password Rules

- ✗ The password should not be empty.
- ✗ There should be at least **one upper** case letter.
- ✗ There should be at least **one lower** case letter.
- ✗ There should be at least **one number**.
- ✗ There should be at least **one non-alphabetic** characters from the following: !@#\$%^&*()_+|~='{}[]:~<>.,/
- ✗ Minimum length of the password should be **8 characters**.
- ✗ Maximum length of the password should be **16 characters**.
- ✗ At least **four characters** in the new password must be different from the current password.
- ✗ Both new password fields should contain the same data.
- ✗ The password should not be the same as the username.
- ★ The password should not be the same as the last 6 passwords used.
- ★ The password will expire after 90 days and must be changed after expiration.

Back

New Topic

Finally, select your security questions

Keep your answers somewhere safe. You will need to answer these questions in the event that you forget your password or username.

Security Questions

To help ensure the security of your HHS Enterprise Portal account, choose three questions and provide your answers below.

Question *

What is your favorite sport?

Response *

Confirm *

Question *

Who was your favorite teacher?

Response *

Confirm *

Question *

What is your favorite pet's name?

Response *

Confirm *

Cancel

Submit

Back

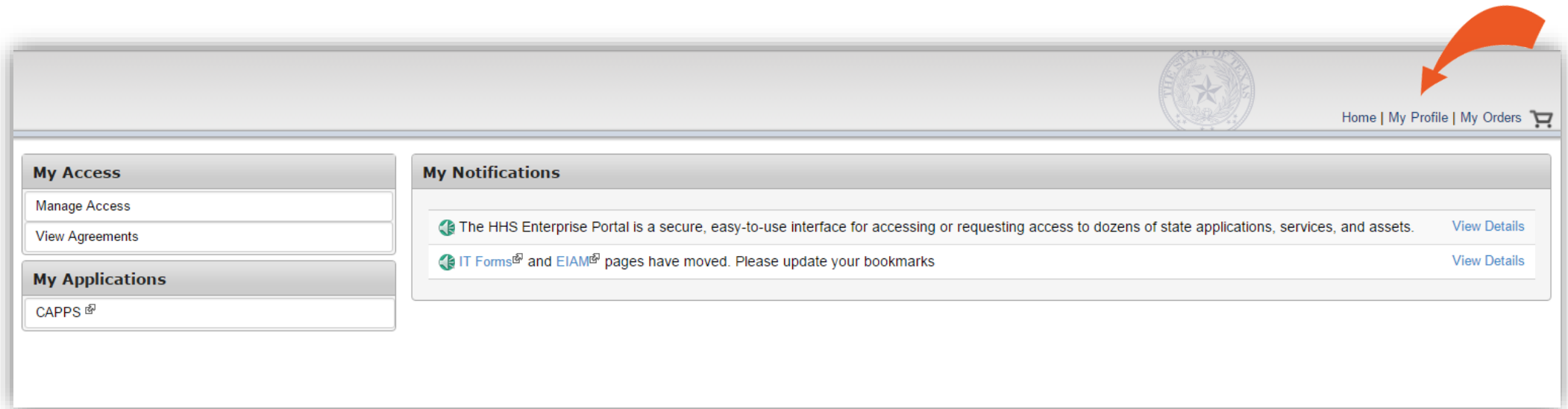
New Topic

Change Password or Security Questions


[Click here to get started](#)

New Topic

Click on the **My Profile** link



Click on the links at the top of page



My Profile

Fields appearing with an asterisk* cannot be left empty. [Change Password](#) | [Change Security Questions](#)

► Personal Information

Prefix	<input type="text"/>
First Name*	<input type="text" value="Kevin"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text" value="Jackson"/>
Suffix	<input type="text"/>
Preferred Name	<input type="text"/>
Personal Email	<input type="text"/>



Enter your old password and new password

Change Password

Old Password*

.....

New Password*

.....

Confirm New Password*

.....

Cancel

Submit

Password Rules

- ✓ The password should not be empty.
- ✓ There should be at least **one upper** case letter.
- ✓ There should be at least **one lower** case letter.
- ✓ There should be at least **one number**.
- ✓ There should be at least **one non-alphabetic** characters from the following: !@#\$%^&*()_+|~='`{ }[]:; ,./
- ✓ Minimum length of the password should be **8 characters**.
- ✓ Maximum length of the password should be **16 characters**.
- ✓ At least **four characters** in the new password must be different from the current password.
- ✓ Both new password fields should contain the same data.
- ✓ The password should not be the same as the username.
- ★ The password should not be the same as your First name or Last name.
- ★ The password should not be the same as the last 6 passwords used.
- ★ The password will expire after 90 days and must be changed after expiration.

The red password rules will change to green when each condition is met.

Back

New Topic

Change your security questions and provide answers

Security Questions

To help ensure the security of your HHS Enterprise Portal account, choose three questions and provide your answers below.

Question *

What is your favorite sport?

Response *

.....

Confirm *

.....

Question *

Who was your favorite teacher?

Response *

.....

Confirm *

.....

Question *

What is your favorite pet's name?

Response *

.....

Confirm *

.....

Cancel

Submit



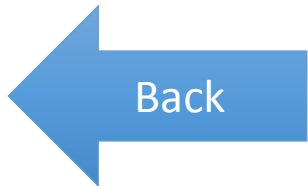
New Topic

Change Portal Profile Information

[Click here to get started](#)

New Topic

Click on the My Profile link



Make changes to your profile

- You can make changes to any enabled fields.
- Contact your Supervisor if you need to change information in fields that have been disabled.
- You cannot change your username.
- Select **Submit** after you have finished making the desired changes.

OK

Back

New Topic

Reset Your Password

[Click here to get started](#)


New Topic


Navigate to the portal and select Forgot Password

System Use Notification

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Sign In

Username

Password

[Sign In](#)

[Forgot Username?](#)
[Forgot Password?](#)

New to the portal? [REGISTER](#)



New Topic

Enter your username

Forgot Password

Step 1: Please enter your Username.

Username:



New Topic

Answer your security questions

Forgot Password

Step 2: Answer the following questions to recover your password.

Question	What is your Mother's maiden name?
Response*	<input type="text"/>
Confirm Response*	<input type="text"/>
Question	What city were you born in?
Response*	<input type="text"/>
Confirm Response*	<input type="text"/>



New Topic

Retrieve Your Username

[Click here to get started](#)

New Topic

Are you an HHS Employee?

- **Yes**
- **No**



New Topic

For HHS Employees

Your username is your Employee ID.

Contact your Supervisor if you do not know your Employee ID.

OK

Back

New Topic

Navigate to the portal and select Forgot Username

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Sign In

[Sign In](#)

[Forgot Username?](#)
[Forgot Password?](#)

New to the portal?

[REGISTER](#)



New Topic

Enter your email

Forgot Username

Please use the email id that you used when you registered with the HHS Portal.
Note: for HHS employees, the username is the employee id.

Email Address



Answer your security questions

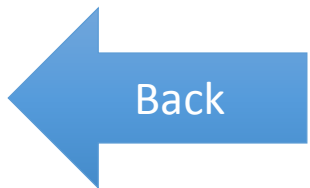
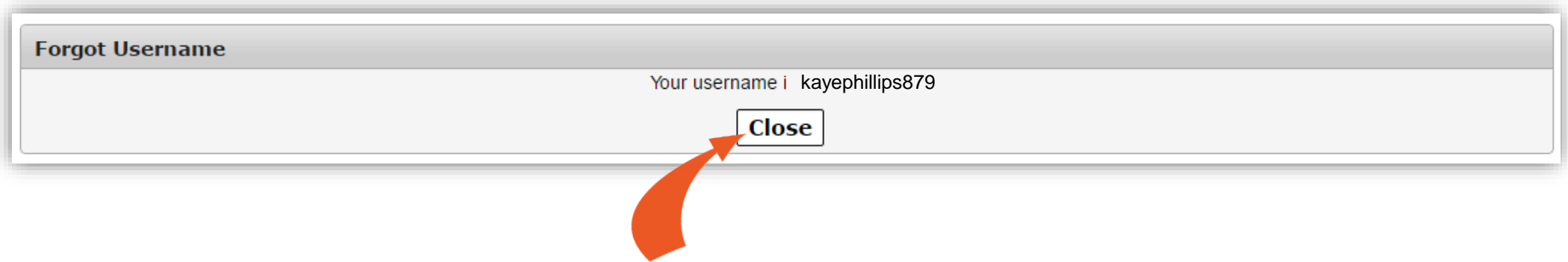
Forgot Username

Answer the following questions to retrieve your username.

Question:	What is your favorite color?
*Response	<input type="text"/>
*Confirm Response	<input type="text"/>
Question:	What city were you born in?
*Response	<input type="text"/>
*Confirm Response	<input type="text"/>



The portal will display your username



If you are locked out of your account or experiencing other issues...

Contact the Help Desk at:

Phone: 512-438-4720

Toll Free: 1-800-435-7181 TDD 711

