



Child and Adult Care Food Program USER AUTHORIZATION

INSTRUCTIONS

Complete and return to Child Nutrition Services (CNS). E-mail addresses are required for each person unless a waiver is requested. Keep a copy for your files.

The designated official who signed the Agreement must authorize the submission of claims or access to the application by the staff members who have signed the certification below. Unless the designated official is listed as an authorized user, he/she will not have access to the secured Web site.

Changes in any of the authorized signer(s) of claims or individuals with access to the application must be submitted to CNS on this form. The designated official who signed the Agreement must sign on the appropriate line below.

CERTIFICATION

I understand that the use of the user name and password to access the CNS Web site is equivalent to an original signature for purposes of official documentation. I understand that someone else using my user name and password is equivalent to them forging my signature.

By using the user name and password, I certify the information transmitted is complete and accurate per federal regulation 7 CFR 226.

I accept responsibility to maintain the integrity of the user name and password. If the user name and password is assigned to another individual, **I understand I will be responsible for the content of the information transmitted to CNS.**

If I believe my user name and password have been compromised, I will notify CNS immediately and be assigned a new password.

If the ultimate responsibility for submitting claims or application information is no longer my responsibility, I will notify OSPI to terminate access.

My signature indicates I have read the agreement and am aware of the conditions and responsibilities expressed.

Designated employees assigned responsibility for the application or claims:

PRINT NAME AND TITLE	E-MAIL ADDRESS	Assigned Responsibility	<input type="checkbox"/> Application
SIGNATURE			<input type="checkbox"/> Claims
PRINT NAME AND TITLE	E-MAIL ADDRESS	Assigned Responsibility	<input type="checkbox"/> Application
SIGNATURE			<input type="checkbox"/> Claims
PRINT NAME AND TITLE	E-MAIL ADDRESS	Assigned Responsibility	<input type="checkbox"/> Application
SIGNATURE			<input type="checkbox"/> Claims

I HEREBY AUTHORIZE THE INDIVIDUALS LISTED ABOVE TO SUBMIT APPLICATION INFORMATION AND/OR CLAIMS ELECTRONICALLY. THE DESIGNATED OFFICIAL (INDIVIDUAL WHO SIGNED THE AGREEMENT) MUST COMPLETE THIS FORM.

Institution Name _____ Phone Number _____

Signature of Designated Official _____ Date _____

Printed Name of Designated Official _____ Title _____