***i*CAN User ID Request Instructions**

1. Complete **Sponsor/Agency Name and 7-digit CANS Agency Number**. This is your Local Education Agency or School Foodservice Authority name and number that is listed on your annual application/agreement with CANS.
2. **Part 1:** The iCAN User, both new or a change of security rights to a current user completes this part.
   1. **User First and Last Name**
   2. **User Role**:
      1. Authorized Representative is the person in charge that has authority to run and sign for the selected program.
      2. Claim Representative is the person in charge of submitting the monthly claims for the selected program.
      3. Food Service Manager is the person in charge of running your food service program. This is usually the lead person in the kitchen.
      4. Alternate Contact. Your agency is encouraged to select an alternate contact for the Authorized Representative and the Claim Representative in iCAN.
         1. To designate an alternate contact, please check the position they will be the alternate for: Authorized Representative, the Claim Representative, the Food Service Manager.
   3. **User Work Email Address**
   4. **User Work Phone Number**
   5. **Is the user an Employee of the Sponsor**? Does this user work for **your** sponsor agency, yes or no?
      1. Does this user work for a Food Service Management Company, please mark yes or no.
      2. If the user is not an employee of your sponsor agency CANS will follow up to determine how this user is associated to your sponsor agency. Is this person under contract, or some other temporary association? Contracted staff cannot run the program and access in iCAN will be limited.
   6. **Signature**: An actual signature is required on the paper, not a type written name. A scanned copy of this signed document submitted to CANS is acceptable.
3. **Part 2:** This area is only used to assign an alternate or new Authorized Representative if your current Authorized Representative is leaving, or would like to assign the duty to someone new in your sponsor agency. A person in a position of authority in your sponsor agency must complete this section. *All agencies that have already designated an Authorized Representative will* ***SKIP*** *this section.* 
   1. **Check mark** if you are the sponsor agency Board President, CEO, Owner, Tribal Chair, Superintendent, or current Authorized Representative. If you do not fit the previously listed titles, please select other and include a description of your title with the sponsor agency.
   2. **Insert the name** of the person that will be assigned as the Authorized Representative. This name should match the person that completed Part. 1.
4. **Part 3:** This section is filled out by your current Authorized Representative, or a person in a position of authority with your sponsor agency. This should be the same person that completed Part 2, if used.
   1. **Select Programs** that the user in Part 1 will need access to. Please select programs that you currently run, or would like to add as a new program. If you select to add new programs CANS will call or email for more information.
      1. Child and Adult Care Food Program (CACFP) – this program is for day care center and home providers.
      2. School Nutrition Programs (SNP) – this program is for schools and non-profit agencies that run the National School Lunch Program, School Breakfast Program, Special Milk Program, Fresh Fruit and Vegetable Program, or Seamless Summer Option.
      3. Summer Food Service Program (SFSP) – this program is for schools and non-profit agencies that run the Summer Food Service Program.
   2. **Check security access** for user listed in Part 1.
      1. Add and Change Applications: This is your annual application/agreement with CANS for the programs selected in Part 3 question 1. Selecting this will allow the user to add and change your annual application.
      2. View only for Applications: This is your annual application/agreement with CANS for the programs selected in Part 3 question 1. Selecting this will allow the user to view, but not make changes to your annual application.
      3. Add and Change Claims: This is your monthly claim for reimbursement for the programs selected in Part 3 question 1. Selecting this will allow the user to add and change your monthly claims for reimbursement.
      4. View only for Claims: This is your monthly claim for reimbursement for the programs selected in Part 3 question 1. Selecting this will allow the user to view, but not make any changes to your monthly claims for reimbursement.
   3. Food Distribution Program (FDP) – Distributes USDA Foods, this program was also known as commodities. Any school or agency on the School Nutrition Program is eligible to participate in the Food Distribution Program.
      * 1. Select one of the following security settings for user listed in Part 1.
           1. Full Access to place orders, complete food survey, and pay invoices.
           2. View Only for Business Mgr. to pay invoices and print year end reports.
           3. View Only for Invoices to only access invoices.
        2. Additionally, the FDP contact information must be updated if your sponsor agency has a new contact for Program, Ordering, Billing, or Warehouse duties. Only one name can be listed as a contact for each position, by selecting one of these positions you are replacing another contact at your school.
   4. **Inactivate old users:** Does this individual replace another iCAN user who no longer needs access to iCAN for your agency? Select either: No or Yes.
      1. If yes, please record the first and last name of user to inactivate. Please include a date if the person continues to need access for a short period of time. Once inactivated, this person will no longer be able to get into your iCAN system.
      2. If you are replacing the listed inactive user, select the check box if you need your security in iCAN to match the inactive user’s security in iCAN.
   5. **Signature:** An actual signature is required on the paper, not a type written name. A scanned copy of this signed document submitted to CANS is acceptable.
   6. **Printed Name**
   7. **Title**
   8. **Email Address**
   9. **Phone Number**
5. **CANS Use Only**
   1. Verification of authority to add: Used when the current Authorized Representative does not sign in Part 3. Verify using Education Directory, school board meeting minutes, or the Sponsor Agency website.
   2. Program Specialist approval & date: sign and date approval for each program listed in Part 3. question 1.
   3. Entered in iCAN by: signature or initials of CANS staff entering the new or changed user.
   4. Security Groups: List the security groups added or changed.
   5. How was agency notified: List when and how the user was notified of the new or changed iCAN security.
   6. File completed user id request in blue agency folder.

***i*CAN User ID Request**

This request is to obtain a new User ID or a change to security within a current User ID in the electronic system iCAN. If you have questions, you can call 605-773-3413 or email [doe.icanhelp@state.sd.us](mailto:doe.icanhelp@state.sd.us). To avoid delays, please follow the instructions to properly complete this request.

After this form is complete, please send to:

* Email: [doe.icanhelp@state.sd.us](mailto:doe.icanhelp@state.sd.us)
* Mail: Child & Adult Nutrition Services, 800 Governors Drive, Pierre, SD 57501
* Fax: 605-773-6846

**Sponsor/Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7-digit CANS Agreement Number: ­\_\_\_\_\_\_\_\_\_\_**

**Part 1: New or changed user completes this part: (*select one*)**

**New User  Change to Current User’s Rights**

1. User’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ User’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. User’s Role:  Authorized Representative  Claim Representative

Food Service Manager  Alternate Contact

3. User’s Work Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. User’s Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. User is an Employee of the Sponsor: (i.e. receives a W-2) (*mark one*)  Yes  No

1. Does this user work for a Food Service Management Company:  Yes  No

By signing this request to access the iCAN system, I agree that I will not share my user name or password.

Signature of User:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 2: Authorized Representative completes this part to assign an alternate Authorized Representative:**

**If you are already the Authorized Representative you do not need to complete this, skip to Part 3.**

The Authorized Representative is usually the Board President, CEO, Owner, Superintendent, or Tribal Chair of the Local Agency. **Complete following paragraph only if you are assigning someone else to act as Authorized Representative of the programs selected in Part 3.**

I, as Board President CEO  Owner  Tribal Chair  Superintendent  Authorized Representative

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , of the agency named above assign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Authorized Representative for this Local Agency. As Authorized Representative, the above identified individual has been authorized to enter into written agreements on behalf of the Local Agency with Child and Adult Nutrition Services for the operation of the Child Nutrition and Food Distribution Programs selected in Part 3, to present claims for reimbursement, and sign any other documents or reports for the Local Agency.

**Part 3: Designation of access. Authorized Representative or Designated Authorized Representative from Part 2 Completes this part:**

1. The person named in Part 1 is authorized to act on behalf of the agency for the USDA Child Nutrition: (*check only those that apply to programs you currently run or would like to add*)

Child and Adult Care Food Program (CACFP)

Centers  Day Care Homes

School Nutrition Programs (SNP)

School Lunch, Breakfast, Special Milk  Seamless Summer  Fresh Fruit & Vegetable Program

Summer Food Service Program (SFSP)

1. Check area(s) the individual should have iCAN access to for the Programs named above (*check all that apply*):

Add & Change Applications  Add & Change Claims

View Only for Applications  View Only for Claims

1. **A.** Access to the Food Distribution Program (USDA Foods for schools, also known as commodities).

Please check the level of access you need for this program: (*check only one*)

Full Access & Ordering  View Only for Business Manager  View Only for Invoices

**B.** Contact list for the Food Distribution program. Only one name can be listed as a contact for each position, by selecting a position below you are replacing another contact at your school.

Program Contact  Ordering Contact  Billing Contact  Warehouse Contact

1. Does this individual replace an *i*CAN user who no longer needs access to your iCAN system? This user will be inactivated and will no longer have access to your iCAN system.

No  Yes, Name of previous user:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check here if the user listed in Part 1 should have security to match this inactive users security setting, because you are replacing this inactive user.

1. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension (if used): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERNAL USE ONLY**

Verification of authority to add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Specialist approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CACFP  SFSP  SNP

Program specialist approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CACFP  SFSP  SNP  USDA Foods

Entered in *i*CAN by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Groups: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How was agency notified (by whom, when, and how): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_