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

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.

**Part 1:** The person who needs iCAN access (iCAN User) completes and signs this section. Check if a new user or if requesting a change to existing security rights.

* **User First and Last Name**
* **User Role**:
* *Authorized Representative***:** the person in charge that has authority to run and sign for the selected

program. **Must be an employee of the organization (receives a W-9).**

* *Claim Representative***:** the person in charge of submitting the monthly claims for the selected

program. **Must be an employee of the organization (receives a W-9).**

* *Food Service Manager***:** the person in charge of running your food service program. This is usually the

lead person in the kitchen.

* *Other:* Please indicate the position. (Example; back up Claim Rep, back up Authorized Rep, back up to FDP ordering.)
* **User Work Email Address**
* **User Work Phone Number**
* **Is the user an Employee of the Sponsor**? Does this user work for **your** sponsor agency, yes or no?
* **Does this user work for a Food Service Management Company**, please mark yes or no.
* 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.**

* **Is this user a Volunteer? Volunteers are not allowed access to iCAN.**
* **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.
* **Date**

**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.*

* **Enter your name as the current Authorized Rep, 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.

* **Insert the name** of the person that will be assigned as the Authorized Representative. This name should

match the person that completed Part. 1.

* **Signature**: An actual signature is required, not a type written name.
* **Date**

**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 and** **check the security access** that the user in Part 1 will need access to.

* **Program Options**: Check only those that apply to the program(s) you currently run.
* **Child and Adult Care Food Program (CACFP**): this program is for day care center and home

providers.

* **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 the Seamless Summer Option.
* **Summer Food Service Program (SFSP):**  this program is for schools and non-profit agencies that

run the Summer Food Service Program.

* **Food Distribution Program – distributes USDA Foods**: Any school or agency on the School

Nutrition Program (SNP) is eligible to participate in the Food Distribution Program.

v. 14

* **Security access** **options** for the user listed in Part 1.

**For CACFP, SNP or SFSP Programs:**

* **Add/Modify Applications and Compliance Reviews:** This is your annual application/agreement with CANS for the programs selected in Part 3. Selecting this will allow the user to add and change your annual application. It also allows the user to add/modify Compliance Reviews.
* **Add/Modify Provider Applications**: Applies to only CACFP Day Care Homes. Allows access to add and change only the Provider applications.
* **Add/Modify Compliance Reviews only**: This allows the user to Add/Modify Compliance Reviews for your school/agency.
* **View only for Applications**: This is your annual application/agreement with CANS for the programs selected in Part 3. Selecting this will allow the user to view, but not make changes to your annual application.
* **Add and Change Claims:** This is your monthly claim for reimbursement for the programs selected in Part 3. Selecting this will allow the user to add and change your monthly claims for reimbursement.
* **View only for Claims**: This is your monthly claim for reimbursement for the programs selected in

Part 3. Selecting this will allow the user to view, but not make any changes to your monthly

claims for reimbursement.

**For the Food Distribution Program (FDP):**

* **Full Access**: allows access to place orders, complete food survey, and print invoices.
* **View Only for Business Mgr**.: allows access to view orders and surveys, allows the ability to print invoices and year end reports.
* **View Only for Invoices:** allows access to view and print invoices.

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.

2)  **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.

* If yes, please record the first and last name of user to inactivate.

3) This is for the **Authorized Rep’s** signature and information:

* **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.

* **Printed Name**
* **Title**
* **Email Address**
* **Phone Number**

**Internal Use/CANS staff only:**

* 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.

* Entered in iCAN by: signature or initials of CANS staff entering the new or changed user.
* Security Groups: List the security groups added or changed.
* How was agency notified: List when and how the user was notified of the new or changed iCAN security.
* FDP Program Special notified: list when and how FDP Specialist notified of contact change
* File completed User ID request in blue agency folder.

v.14

***i*CAN User ID Request**

This request is to obtain a new User ID or request a change to security for 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**

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

User’s Role:  Authorized Representative  Claim Representative  Food Service Manager

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

User is a volunteer:  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Current 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 the 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 Current 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.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

v.14

**Part 3: Designation of access. The Authorized Representative currently listed on your Sponsor Application completes this part.**

The person named in Part 1 is authorized to act on behalf of the agency for the USDA Child Nutrition Program(s) indicated below.

1) **Check only those that apply to the program(s) you currently operate.** If you wish to add programs, contact the CANS

office at 605-773-3413.

**Child and Adult Care Food Program (CACFP):** *Complete BOTH “A” and “B”*

A. (***Select at least one)***  Day Care Center(s)  Day Care Home(s)

B. (***Select at least one)***   Add/Modify Apps and Compliance Reviews  Add/Modify Claims

Add/Modify Compliance reviews only  VIEW only Apps and Claims

Add/Modify Provider Applications ONLY (option applies *only to Day Care Homes*)

**School Nutrition Programs (SNP):**

**A**.  **School Lunch, School Breakfast, Special Milk: *(Select at least one of the following types of access)***

Add/Modify Apps and Compliance Reviews  Add/Modify Claims  VIEW only Apps

Add/Modify Compliance Reviews only  VIEW only Claims

**B.**  **Seamless Summer Option (SSO)**: ***(Select at least one of the following types of access)***

Add/Modify Apps  Add/Modify Claims  VIEW only Apps  VIEW only Claims

**C**.  **Fresh Fruit & Vegetable Program (FFVP)** *this is different than the Food Distribution Program (FDP)*

***(Select at least one of the following types of access)***

Add/Modify Apps  Add/Modify Claims  VIEW only Apps  VIEW only Claims

**Summer Food Service Program (SFSP):**

***(Select at least one)***  Add/Modify Apps and Compliance Reviews  Add/Modify Claims

Add/Modify Compliance Reviews only   VIEW only Apps and Claims

**Food Distribution Program (FDP)** also known as USDA Foods**. Available to School Nutrition Program (SNP) ONLY.**

A. (***Select one only***) Full Access & Ordering VIEW and print Invoices only

VIEW only for Business Manager (includes view/print Invoices and Year-end reports)

B. Contact list for Food Distribution Program. By selecting a position(s) below, the individual named in Part 1 is

**replacing another contact at your school/agency**.

Program Contact  Ordering Contact  Billing Contact  Warehouse (Delivery) Contact

2) Does this individual replace an *i*CAN user who no longer needs access to your *i*CAN system? This user will be

Inactivated and will no longer have access to your iCAN system.

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

3) Authorized Rep. Signature: \_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension (if used):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERNAL USE ONLY**

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

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

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

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

FDP Program Specialist notified of Contact change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

v.14