

Primero Edge 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 Primero Edge access (Primero Edge User), a change to their current rights, or a change to their contact information completes and signs this section.

In the Box:

- **New User:** Does this individual replace another Primero Edge user who no longer needs access to Primero Edge for your sponsor/ agency? Select either: No or Yes. If yes, please record the first and last name of user to inactivate. The Authorized Representative must sign Part 2 Question 5.
- **Change to Current Users Access:** Record the email of the individual needing updated access.
- **Change to Current Users Contact Information:** User only needs to complete Part 1 of the form and the Authorized Representative must fill out Part 2.

1. User First and Last Name

2. 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-2).**
- *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-2).**
- *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. For example: back up Claim Rep, back up Authorized Rep, back up to FDP ordering.

3. User Work Email Address

4. User Work Phone Number

5. User Employment Status with Sponsor / Agency:

- **Is the user an Employee of the Sponsor / Agency?**
- **Is this user classified as an employee of the Sponsor / Agency?** Only employees that work for and are paid as an employee of the Sponsor / Agency may be granted full access in Primero Edge to Add / Modify.
- **Does this user work under contract, or some other temporary association?** Contracted staff Primero Edge access may be granted view only access. Contractors may not have access to Add / Modify.
- **Is this user a Volunteer?** Volunteers are not allowed access to Primero Edge.

6. Signature:

A wet signature is required on the paper; **a typed written name or electronic signature will not be accepted**. A scanned copy of this signed document submitted to CANS is acceptable. By signing this form, you agree that your Primero Edge account will not be shared with others.

Part 2: This section is filled out by your current Authorized Representative, or a person in a position with the highest authority at your sponsor / agency.

Select Desired Access that the user in Part 1 will need access to.

Authorized Representative's certification statement.

- **Signature:** A wet signature is required on the paper; **a typed written name or electronic signature will not be accepted**. A scanned copy of this signed document submitted to CANS is acceptable.

Primero Edge User ID Request Form

This request is to obtain a new User access, a change to user access, or request a change to current users contact information in the electronic system, Primero Edge. If you have questions, you can call (605) 773-3413 or email doe.school lunch@state.sd.us. To avoid delays, please follow the instructions to properly complete and submit this request. After this form is complete, please submit one of the following ways:

- Email: doe.school lunch@state.sd.us or doe.icanhelp@state.sd.us
- Mail: Child & Adult Nutrition Services, 800 Governors Drive, Pierre, SD 57501
- Fax: (605) 773-6139

Sponsor/Agency Name: _____

7- Digit CANS Agreement Number: _____

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

☐ **New User**

- Are you replacing a user who no longer needs access to Primero Edge for your sponsor/ agency?
This user will be inactivated and will no longer have access.

☐ No ☐ Yes, name of previous user: _____

☐ **Change to Current Users Access** (Primero Edge email): _____

☐ **Change to Current Users Contact Information**

Current user fills out Part 1 only with changes to contact information.

1. **User's First Name:** _____ **User's Last Name** _____

2. **Users Role:** ☐ Authorized Representative ☐ Claim Representative ☐ Food Service Manager
☐ Other _____

3. **User's Work Email Address:** _____

4. **User's Work Phone Number:** _____ **Extension:** _____

5. **User's Employment Status:**

- **Is this user an employee of the Sponsor/ Agency?** (i.e., receives a W-2) ☐ Yes ☐ No
- **Is this user a contracted staff?** ☐ Yes ☐ No
- **Is this user a volunteer?** ☐ Yes ☐ No

By signing this request, I agree that I will not allow others have access to my Primero Edge account.
A wet signature is required.

Signature of User: _____ **Date:** _____

Part 2: Designation of access. Check only those that apply

1. ☐ **iMATCH (Student Eligibility):**

☐ Complete and Process Student Matches ☐ VIEW Only ☐ Run Reports

2. ☐ **Menu Planning:**

☐ Menu Planning and Production ☐ Production only

I certify that I have the authority to sign on behalf of this sponsor/ agency and I am agreeing to allow the individual designated in Part 1 to have the selected access in Primero Edge indicated in Part 2. This signature also permits changes to current user rights and contact information. A wet signature is required.

Signature of Authorized Representative: _____ **Date:** _____

Printed name: _____ **Title:** _____

Email address: _____

Phone number: _____ **Extension:** _____

INTERNAL USE ONLY

Verification of authority to add: ☐ AR on Primero Edge app ☐ SD Secretary of State Website ☐ SD Ed. Directory ☐ Tribal Leaders Directory

Entered in Primero Edge by: ☐ Diana Webb ☐ Diana Leiseth ☐ Mikayla Hardy ☐ Andrea Theilen

Security Groups Assigned:	Student Matches	View Only	Run Reports	Menu Planning and Production	Production only
<input type="checkbox"/> Primero Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How was the agency notified: ☐ Email ☐ Other: _____

Date: _____