south dakota
DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

iCAN 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), 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 iCAN user who no longer needs access to iCAN 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 iCAN to Add / Modify.
   - **Does this user work for a Food Service Management Company?** FSMC staff may be allowed access to order USDA Foods. No other access is allowed.
   - **Does this user work under contract, or some other temporary association?** Contracted staff iCAN access may be granted view only access. Contractors may not have access to Add / Modify.
   - **Does this user a Volunteer?** Volunteers are not allowed access to iCAN.
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 iCAN 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 Programs that the user in Part 1 will need access to. Check only the program(s) that are currently operated.

1. **School Nutrition Programs (SNP):** For schools and non-profit agencies that operate the National School Lunch Program, School Breakfast Program, Special Milk Program, Fresh Fruit and Vegetable Program, and or the Seamless Summer Option.

2. **Child and Adult Care Food Program (CACFP**): This is for day care center, sponsors of family and group day care homes, and adult day care centers.
3. **Summer Food Service Program (SFSP):** This is for schools and non-profit agencies that operate the Summer Food Service Program.
4. **Food Distribution Program (FDP) – distributes USDA Foods**: Any school or agency on the School Nutrition Program (SNP) is eligible to participate in the Food Distribution Program.

Select the security access for the user listed in Part 1.

For CACFP, SNP or SFSP:
- **Add/ Modify Applications and Compliance Reviews:** This is the annual application/ agreement with CANS for the programs selected in Part 2. Selecting this will allow the user to add and change the annual application. It also allows the user to add/ modify Compliance Reviews.
- **Add/ Modify Provider Applications**: This only applies to CACFP Day Care Homes and allows access to add and change provider applications.
- **Add/ Modify Compliance Reviews only**: This allows the user to add and change the compliance review for your sponsor/ agency.
- **View Only for Applications**: This is your annual application/ agreement with CANS for the programs selected in Part 2. Selecting this will allow the user to view, but not make changes to your annual application.
- **Add/ Modify Claims:** This is your monthly claim for reimbursement for the programs selected in Part 2. Selecting this will allow the user to add and modify your monthly claims for reimbursement.
- **View Only for Claims**: This is your monthly claim for reimbursement for the programs selected in Part 2. Selecting this will allow the user to view, but not make any changes to your monthly claims for reimbursement.

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

Please Note: 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.

5. **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.

iCAN User ID Request Form

This request is to obtain a new User ID, a change to user access, or request a change to current users contact information in the electronic system, iCAN. If you have questions, you can call (605) 773-3413 or email doe.icanhelp@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.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 current user completes this part:** (*select one*)

☐ **New User***
Does this individual replace an iCAN user who no longer needs access to iCAN 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** (iCAN email): _____

☐ **Change to Current Users Contact Information***
Current user fills out Part 1 only with changes to contact information.

*The Authorized Representative must sign Part 2 Question 5.

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:** _____

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 Food Service Management Company employee?** ☐ 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 iCAN account. **A wet signature is required.**

Signature of User: _____ Date: _____

1. ☐ **School Nutrition Programs (SNP):**
    A. ☐ **School Lunch, School Breakfast, Special Milk:**
       ☐ 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):**
       ☐ Add/ Modify Apps ☐ Add/ Modify Claims ☐ VIEW Only Apps ☐ VIEW Only Claims
    C. ☐ **Fresh Fruit & Vegetable Program (FFVP)**
       ☐ Add/ Modify Apps ☐ Add/ Modify Claims ☐ VIEW Only Apps ☐ VIEW Only Claims

2. ☐ **Child and Adult Care Food Program (CACFP):** Complete both "A" and "B"
    A. ☐ **Day Care Center(s)** ☐ **Sponsor of Family and Group Day Care Homes** ☐ **Adult Day Care Center(s)**
    B. ☐ Add/ Modify Apps and Compliance Reviews ☐ Add/ Modify Claims ☐ VIEW Only Apps and Claims
       ☐ Add/ Modify Compliance Reviews Only
       ☐ Add/ Modify Provider Applications Only (applicable to only Sponsors of Family and Group Day Care Homes)

3. ☐ **Summer Food Service Program (SFSP):**
    A. ☐ Add/ Modify Apps and Compliance Reviews ☐ Add/ Modify Claims
       ☐ Add/ Modify Compliance Reviews Only ☐ VIEW Only Apps and Claims

4. ☐ **Food Distribution Program (FDP)** or USDA Foods. **Available to School Nutrition Program (SNP) only.**
    A. **Select one:**
       ☐ Full Access & Ordering ☐ VIEW and Print Invoices Only ☐ VIEW only for Business Manager (includes view/ print invoices and year-end reports).
    B. **Contact Update for FDP.** By selecting a position (s) below, the individual named in Part 1 will **replace the current FDP contact person at your sponsor/ agency for each selection.**
       ☐ Program Contact ☐ Ordering Contact ☐ Billing Contact ☐ Warehouse (Deliver) Contact

5. 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 iCAN 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 iCAN app ☐ SD Secretary of State Website ☐ SD Ed. Directory ☐ Tribal Leaders Directory

Entered in iCAN by: ☐ Darian Schaefer ☐ Courtney Martin ☐ Christina Lusk ☐ Andrea Theilen   Date:

Security Groups Assigned:	Add/Mod Apps	Add/Mod Claims	Add/Mod Comp. Review Only	View only apps	View only claims
☐ NSLP, SBP, Special Milk	☐	☐	☐	☐	☐
☐ SSO	☐	☐		☐	☐
☐ FFVP	☐	☐		☐	☐
☐ CACFP-DCH	☐	☐	☐	☐	☐
☐ CACFP-Center	☐	☐	☐	☐	☐
☐ SFSP	☐	☐	☐	☐	☐

☐ FDP   ☐ Full Access & Ordering   ☐ VIEW and print Invoices only   ☐ VIEW only for Business Manager (includes view/print Invoices and Year-end reports)
How was the agency notified: ☐ Email ☐ Other: Date:

FDP Program Specialist notified of Contact Change: ☐ Email ☐ Other: Date: