

iCAN User ID Request Instructions

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. If your agency is new, this number will be generated later and may be left blank.

Part 1: The person who needs new iCAN access (iCAN User), a change to their current rights, or a change to their current contact information completes and signs this section.

- **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 (AR) must complete and sign Part 3.
- **Change to Current Users Access:** Record the name of the user needing updated access, select what additional access is needed in Part 2, and the Authorized Representative (AR) must complete and sign Part 3.
- **Change to Current Users Contact Information:** User only needs to complete Part 1 of the form (in the box) with the information that needs to be changed (name, email address, and/or phone number). Then signs at the bottom of the page, and the AR needs to complete and sign Part 3.

1. **User's First and Last Name**

2. **User's Role:**

- *Authorized Representative (AR):* The person in charge that has authority to run and sign for the selected program.
- *Claim Representative:* The person in charge of submitting the monthly claims for the selected program.
- *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 AR, back up to FDP ordering.

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

4. **User's Work Phone Number**

5. **User's Employment Status with Sponsor/Agency:**

- **Is the user an Employee of the Sponsor/Agency?** Only employees (receives a W-2) 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.
- **Is this user a Volunteer?** Volunteers are not allowed access to iCAN, only employees (receives a W-2).

6. **Signature of user:** A wet signature is required; **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: Select the programs and security access that the user will need access to. Check only the program(s) and access that are currently operated and needed.

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/s, 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.

For SNP, CACFP, 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 Sponsor of Family and Group 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 placing orders, complete food surveys, 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 that if you change any username or role and your agency operates USDA Foods, you will also need to update this section.**

Part 3: Authorized Representative's certification statement.

- **Signature:** A wet signature is required; **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

- Are you replacing 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: _____

- Do you know if the individual that you are replacing is a current contact for the Food Distribution Program (FDP) and will you also replace them as any of the following contacts?

☐ Yes, I will replace them as one or more of the following contacts: ☐ Program ☐ Ordering ☐ Billing ☐ Warehouse
☐ No, or ☐ Unsure

☐ Change to Current Users Access (iCAN User's Name): _____

(Select what additional access is needed in Part 2, sign on question 6, and the AR completes and signs Part 3)

☐ Change to Current Users Contact Information

(Fill out the information that has changed below and sign on question 6, and the AR completes and signs Part 3)

Previous Name: _____ New Name: _____

Previous Email Address: _____ New Email Address: _____

Previous Phone Number: _____ New Phone Number: _____

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

2. User's Role: ☐ Authorized Representative ☐ Claim Representative ☐ Food Service Manager
☐ Other: _____

3. User's Work Email Address: _____

4. User's Work Phone Number: _____ Ext. _____

5. User's Employment Status: (Check yes or no on ALL)

- 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 volunteer? ☐ Yes ☐ No

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

Signature of User: _____ Date: _____

Part 2: Designation of access.

Check only those that apply to the program(s) your sponsor/agency currently operates.

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 Home(s) ☐ 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. ☐ Full Access & Ordering ☐ VIEW and Print Invoices Only ☐ VIEW only for Business Manager (includes view/print invoices and year-end reports).**

Part 3: Authorization of access granted by the Authorized Representative.

I certify that I have the authority to sign on behalf of this sponsor/agency, and I agree 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:** _____ **Ext.** _____

INTERNAL USE ONLY

Verification of authority to add: ☐ AR on iCAN app ☐ SD Secretary of State Website ☐ SD Ed. Directory ☐ Tribal Leaders Directory ☐ Sponsor Website ☐ Board Minutes
Entered in iCAN by: ☐ Courtney Martin ☐ Quynn Verhelst ☐ Christina Lusk ☐ Andrea Theilen

Security Groups:	Add/Mod Apps	Add/Mod Claims	Add/Mod Comp. Rev. Only	View only apps	View only claims
NSLP, SBP, SMP	☐	☐	☐	☐	☐
SSO	☐	☐		☐	☐
FFVP	☐	☐		☐	☐
CACFP-DCH	☐	☐	☐	☐	☐
CACFP-Center	☐	☐	☐	☐	☐
SFSP	☐	☐	☐	☐	☐
FDP	☐ Full access & ordering	☐ VIEW and print invoices only	☐ VIEW for BM (includes view/print invoices & year-end reports)		

How was the agency notified: ☐ Email ☐ Other:

Date:

FDP Program Specialist notified of contact change: ☐ Email ☐ N/A ☐ Other:

Previous user removed/inactivated: ☐ Yes ☐ N/A ☐ Other: