*i*CAN User ID Request

This request is to obtain a new User ID or a revision to rights 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.

After completing the form, you may submit through any one of the following methods:

- 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 Agency Number:_____

Part 1: ☐ **New User** ☐ **Modification of 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. Is the new user an Employee of the Sponsor: (i.e. receives a W-2) (mark one) ☐ Yes ☐ No

By signing and requesting access to iCAN, I agree that I will not share my user name or password.

Signature of New User:_____

Part 2: Authorized Representative completes this part to designate 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 designating someone else to act as Authorized Representative of the program.**

I as ☐Board President ☐CEO ☐ Owner ☐ Tribal Chair ☐ Superintendent ☐ Authorized Representative ☐Other:_____of the agency named above designate _____ 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/or Food Distribution Programs, to present claims for reimbursement, and sign any other documents or reports for the Local Agency.

Part 3: Designation of access. Authorized Representative (AR) or Designated AR 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 and/or Food Distribution Programs: (check only those that apply)
   - ☐ 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
   - ☐ Food Distribution Program (FDP) (USDA Foods for Schools)
   - ☐ Summer Food Service Program (SFSP)

2. Check area(s) the individual should have iCAN access to for the Programs named above (check all that apply):
   - ☐ Add & Modify Applications ☐ Add & Modify Claims
   - ☐ View Only for Applications ☐ View Only for Claims

3. Does this individual replace a previous *i*CAN user who no longer needs access to the program for your agency?

   ☐ No ☐ Yes – name of previous user _____(this user will be inactivated)

4. Signature: _____
5. Printed Name: _____
6. Title: _____
7. Email Address: _____
8. Phone Number: _____ Extension (if used): _____

CANS USE ONLY

Verification of authority to add: _____

Program Specialist approval:_____ Date: _____
☐ CACFP ☐ SFSP ☐ SNP

Program Specialist approval:_____ Date: _____
☐ CACFP ☐ SFSP ☐ SNP

Program specialist approval:_____ Date: _____
☐ CACFP ☐ SFSP ☐ SNP ☐ USDA Foods
☐ FDP - Full Access & Ordering ☐ FDP - View Only for Business Mgr. ☐ FDP - View Only for Invoices

Entered in *i*CAN by: _____ Date: _____

Security Groups: _____

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

Instructions for CANS:
If Part 2 or 3 is completed by the Authorized Representative, approve without further action.
If Part 2 or 3 is completed by the Board President, CEO, Owner, or Tribal Chair, or Superintendent of the Local Agency, approve without further action.
If Part 2 or 3 is not completed by the Board President, CEO, Owner, or Tribal Chair, or Superintendent of the Local Agency, deny request. This user request cannot be processed until someone at the Sponsor Agency that is in a position of authority to make such a designation signs this request.

File in manila agency folder.