Michigan Department of Education
Grants Coordination & School Support

Child and Adult Care Food Program Security Access Form

This form is required for each person requesting Level 3 "Enter/Certify" security access rights to any of the following Michigan Education Information System (MEIS) applications:

- **CNAP** – Child Nutrition Application Program - New Application/Renewal
- **Claim for Reimbursement** – SM-4213-C - Center Claim Form
- **FDCH Claim** - Family Day Care Home Sponsor Claim Form

Each different or additional designee must complete and submit a separate copy of this form. A new form must be submitted for a replacement designee whenever an individual is no longer authorized. Each designated individual with Level 3 "Enter/Certify" security access rights has the authority to grant Level 1 "Read Only" or Level 2 "Enter/Edit" rights to other individuals within their organization.

Institution Name	CACFP Agreement Number

1. Designated Individual (Cannot be an employee of a Food Service Management Company)

I agree that the user identification and password assigned to me is for my authorized use only, may not be shared, and all activity under my user ID is my responsibility. I further understand that by reporting CACFP data via the Internet, I am certifying that all information is true and correct, that records are available to support the data, and that it is in accordance with the terms of the existing Application-Agreement.

Signature Date	* A ___ ___ ___ ___ ___ ___ ___ MEIS Account Number
Print Name Title	Telephone Number

* If you have already established an MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE.

* If you do NOT have an MEIS account number, go to: http://michigan.gov/meis and click on the MEIS logo box at the top of the screen. Click on "Create an MEIS Account" and follow instructions.

✓Check below if you are a:

___ **Replacement Designee** _____

Print name of replaced designee to be removed from security access

2. Level 3 "Enter/Certify" Security Access Rights

✓Check the MEIS Application(s) and corresponding authority for the above named Designated Individual:

MEIS Application:	**Authority**:
_____ **CNAP Center Sponsor**	Enter/Certify CACFP application information for Centers
_____ **CNAP FHCH Sponsors**	Enter/Certify CACFP application information for FDCH
_____ **SM-4213-C Claim**	Enter/Certify CACFP center claim reimbursement data
_____ **FDCH Claim**	Enter/Certify CACFP FDCH Sponsor claim reimbursement data

3. Authorization by Institution Official or Owner

I attest that the above named individual has the authority indicated in Part 2.

Signature of Institution Official or Owner	Title
Print Name	Date

4. Mail or fax form to: Ruby Dixon, MI Department of Education, GCSS, P.O. Box 30008, Lansing, MI 48909

Fax: (517) 373-4022