



**Michigan Department of Education  
Child Nutrition Programs - Security Authorization Form**

School District/Organization/Institution Name	Agreement Number
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**1. Designated Michigan Education Information System (MEIS) Applications**  
Check boxes below for which Level 3 "Enter/Certify" access rights are being requested.

<p><b>a. MICHIGAN ELECTRONIC GRANTS SYSTEM PLUS (MEGS+)</b></p> <p><input type="checkbox"/> School Meals Program</p> <p><input type="checkbox"/> Child &amp; Adult Care Food Program - Centers</p> <p><input type="checkbox"/> Child &amp; Adult Care Food Program – Family Day Care Home (FDCH) Sponsor</p> <p><input type="checkbox"/> Summer Food Service Program</p> <p><input type="checkbox"/> Summer Camp Special Milk Program</p> <p><input type="checkbox"/> The Emergency Food Assistance Program</p> <p><input type="checkbox"/> Commodity Supplemental Food Program</p>	<p><b>b. CLAIM FORM</b></p> <p><input type="checkbox"/> School Meals Program</p> <p><input type="checkbox"/> Child &amp; Adult Care Food Program - C Claim</p> <p><input type="checkbox"/> Child &amp; Adult Care Food Program - FDCH Claim</p> <p><input type="checkbox"/> Summer Food Service Program</p> <p><input type="checkbox"/> Summer Camp Special Milk Program</p> <p><input type="checkbox"/> The Emergency Food Assistance Program (MiND)</p> <p><input type="checkbox"/> Commodity Supplemental Food Program (MiND)</p> <p><input type="checkbox"/> Fresh Fruit and Vegetable Program (MiND)</p>
<p><b>c. LEARS - VERIFICATION SUMMARY REPORT</b></p> <p><input type="checkbox"/> School Meals Program</p>	<p><b>d. YEAR END REPORT - SM-4012-A/R</b></p> <p><input type="checkbox"/> School Meals Program</p> <p>The Year End Report is not required for schools operating the Special Milk Program ONLY.</p>

**2. Designated Individual (CANNOT BE A FOOD SERVICE MANAGEMENT COMPANY EMPLOYEE)**  
I agree to protect my user ID and password from unauthorized use and understand that all activity under my user ID is my responsibility. I further understand that by reporting Child Nutrition Program data on MEIS, I am certifying the data is true and correct, records are available to support it, and it is in accordance with the terms of the existing Agreement.

Signature	Date	* A _____ MEIS Account Number
Print Name	Title	Telephone Number
Email Address		

\* If you HAVE already established a MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE.  
\* If you do NOT have a 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 a MEIS Account" and follow instructions.

Check if you are a:  **Replacement Designee** \_\_\_\_\_  
Name of Former Designated Individual to be Removed from Security Access

**3. Authorization by Superintendent, Administrator, or Institution Official or Owner**  
**Public School Academies: Signature of the School Board President is required**

I attest that the above named individual is authorized to initiate and electronically submit Child Nutrition Program applications to the Michigan Department of Education and to grant Level 1 "Read Only" or Level 2 "Enter/Edit" access rights to other individuals within the organization.

Signature of Superintendent/Administrator/Institution Official or Owner (Public School Academy: School Board President)	Title
Print Name	Date

**4. Mail or fax form to:** Ruby Zavala, Michigan Department of Education, GCSS, P.O. Box 30008, Lansing, MI 48909  
Fax: (517) 373-4022

This form must be submitted for **each** individual requesting Level 3 "Enter/Certify" security access rights to any of the Child Nutrition Program applications on the Michigan Education Information System (MEIS). Each organization may designate a maximum of two individuals and must submit a separate form for **each** individual to obtain Level 3 access.