DHSS-CFNA USE ONLY

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
NETWORK USER ACCESS REQUEST

Social Security Number	Office Telephone Number (including area code)
Name (Last, First, MI)	Organization Name (must match CNP application)
Child and Adult Care Food Program 800-733-6251 **Summer Food Service Program 888-435-1464**	Owner/Authorized Representative (must match CNP application)
E-mail Address of Requestor	
Sponsor Address (PO Box/Street, City, State, Zip Code)	County
Home Address (PO Box/Street, City, State, Zip Code)	County

SOFTWARE ACTION REQUESTED

Action Requested: ☐ Add Access ☐ Delete Access

☐ CACFP web-based system for application updates and claim submission

☐ SFSP web-based system for application updates and claim submission

Comments:

Notes
- Failure to log in to the system for any six-month period will cause your access to be deleted.
- Keep a copy of the signed form for your records.
- Submit a separate form for each individual needing access. (make copies as needed)
- Access may be limited for independent centers.

Submit the completed, signed form by e-mail to CACFP@health.mo.gov or SFSP@health.mo.gov

SIGNATURE

I, the undersigned, understand that individual user IDs and passwords may not be transferred to others or shared. The individual user or the owner or authorized representative must contact the Missouri Department of Health and Senior Services- Community Food and Nutrition Assistance (DHSS-CFNA) in writing if the user is leaving employment or changing job duties so that access may be revoked immediately. I understand that state and federal statutes require confidentiality of information and provide penalties for the unauthorized access, use and/or disclosure of information. In addition, I agree not to divulge or share my passwords with anyone. I understand that misuse of another individual's user ID and password will not be tolerated. Access will be revoked immediately and may only be restored by submitting a corrective action plan to DHSS-CFNA detailing how individual passwords will be protected and not shared. Claims for reimbursement submitted through misuse of another individual's user ID and password will be considered invalid, and must be repaid in full to DHSS-CFNA.

User Signature: required	Date:
Owner/Authorized Representative Signature (must match CNP application) required	Date:

Missouri Department of Health and Senior Services Use Only

Approved By:	Date: