

**South Carolina Department of Social Services
Child and Adult Care Food Program**

Request for Access to the CACFP Online Application and Claims System

**Attach documentation of the organization's DUNS number if this is a first time request to access SC CACFP.*

1. Agreement No.:	2. Name of Institution:	3. FEIN:	
4. Address:			
5. City:	6. State	7. Zip Code	8. Telephone Number

This form is to be used to request access to the South Carolina Department of Social Services CACFP (SC CACFP) online application and claims system. Any individual associated with the institution which has an agreement with SCDSS must be granted access to the system through the submission of this form. This form must be signed by the board chair, owner, superintendent or equivalent position.

Individuals given **Update** access will be able to update all screens in the designated module and submit the information for SCDSS CACFP review and approval. Individuals who are given **View** access will not be able to update data on the system or submit the information for SCDSS CACFP review and approval. These individuals will be able to view (see) the applicable screens and will be able to access reports available to the institution. Select **only one** type of access for an individual.

9. The following named individual(s) is/are duly authorized to represent the institution in matters pertaining to CACFP and to access the **Application** database as follows:

Effective Date:

Print Name	Print Title	Single Sign-on User Name	Print Email Address	Access Authorized
				Update __ View __
				Update __ View __
				Update __ View __

10. The following individual(s) is/are duly authorized to represent the institution in matters pertaining to CACFP and to access the **Claims** database as follows:

Effective Date:

Print Name	Print Title	Single Sign-on User Name	Print Email Address	Access Authorized
				Update __ View __
				Update __ View __
				Update __ View __

It is understood that the information on this form is being given in connection with the receipt of federal funds and that all of the provisions of the agreement apply. It is also understood that the institution is responsible for promptly notifying the SCDSS CACFP staff when access to SC CACFP must be modified or removed due to staff changes.

Signature of Board Chairman/Owner or Equivalent

Date

Print Name

Print Title

FOR SCDSS USE ONLY

Date Entered Into Computer: _____ Signature: _____