



New Hampshire Department of Education
 Office of Nutrition Programs & Services
 101 Pleasant Street
 Concord, NH 03301-3860
 Phone: (603) 271-3862 FAX: (603) 271-1953

**OFFICE OF NUTRITION PROGRAMS AND SERVICES
 PROGRAM AUTHORIZATION FORM**

SAU/RA LEVEL

SAU/RA Name: _____ SAU#/RA#: _____
 Address: _____ E-mail: _____
 _____ Phone # _____

Entry/Submit Information for Claims NSLP CACFP SFSP SMP FFVP

Claim Entry Person:
 User ID: _____ Name: _____

Claim Submit Person:
 User ID: _____ Name: _____
 (The claim "entry" person CANNOT be the same as the claim "submit" person.) If multiple persons will be entering claims, please insert additional lines/sheets, as needed.

Entry/Submit Information for Annual Application NSLP CACFP SFSP SMP FFVP

Application Entry Person:
 User ID: _____ Name: _____

Application Submit Person:
 User ID: _____ Name: _____

Direct Certification Information NSLP

Direct Certification Person:
 User ID: _____ Name: _____

*SAU Verification Summary Official NSLP

Verification Summary Person: *Only One individual assigned per SAU.
 User ID: _____ Name: _____

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I certify that the individuals listed are employees of this SAU/RA and are authorized to enter or submit applications and/or claims for reimbursement on behalf of this SAU/RA for which federal monetary reimbursement will be received. I understand and acknowledge the responsibility of maintaining password confidentiality and integrity of claim submissions. The Department of Education also recognizes the confidentiality of password information and, therefore, will not have access to user passwords. I further agree to provide written notice of termination for the above, authorized individuals within thirty (30) days to the Department of Education, Office of Student Wellness, Bureau of Nutrition Programs and Services.

Signature: _____ Date: _____
 Superintendent of Schools or Executive Director of Organization

This institution is an equal opportunity provider.

INSTRUCTIONS

Please complete and return this form to the Department of Education, Bureau of Nutrition Programs and Services. Information provided will be used to establish your link with the web-based claim program. Passwords must be considered confidential and not shared with any other party.

As of October, 2017, the forms may be sent to either:

Kathryn.hodges@doe.nh.gov or jane.levesque@doe.nh.gov

SAU/RA Name Please furnish the name of the SAU/RA

SAU#/RA # Please furnish the SAU/RA number.

Claim Entry Person

This individual will be assigned the responsibility of entering the meal data for the entire SAU/RA or for individual schools/sites. **Please identify each program that is applicable for each user.**

User ID - Please provide the "entry person's" user ID that was created in the Department of Education's single, sign-on system. The "entry" person must be different from the "submit" person.

Name: Please provide the last and first name of the entry person.

Claim Submit Person

This individual will be assigned the responsibility for the electronic **submission** of monthly claims. This individual will be a member of the SAU Administrative staff and assigned the responsibility of approving the meal data for the entire SAU/RA and submitting to the department for payment. **Please identify each program that is applicable for each user.**

User ID - Please provide the "submit" person's user ID that was created in the Department of Education's single, sign-on system. The "submit" person must be different from the "entry" person.

Name: Please provide the last and first name of the submit person.

Email: Please provide the email of the **Submit person** so that electronic messages may be conveyed.

NOTE: *The claim "entry" person MAY NOT be the same as the claim "submit" person.*

Application Entry Person

This individual will be assigned the responsibility for entering the annual application for participation in the applicable meals program. **Please identify each program that is applicable for each user.**

Application Submit Person

This individual will be assigned the responsibility for submitting the annual application for participation in the applicable meals program to the Department of Education, Bureau of Nutrition Programs and Services. *(Please note that this role carries the authority to commit the SAU/RA to an agreement with the Department of Education, and, therefore, should be the Superintendent of Schools/designated authority or Executive Director.)* **Please identify each program that is applicable for each user.**

Direct Certification Person

This individual will be assigned the responsibility for running the direct certification report each month and providing it to the appropriate person for updating of the meals program data. This individual would also be responsible for the query of individual students, as needed. **This is applicable to NSLP only.**

Additional Persons

These individuals are assigned the duties of the applicable Submit and Entry Persons in their absence. The SAU may insert additional lines in the form to accommodate multiple individuals that are assigned the entry and submit roles.

Verification Summary Person

This individual will be assigned the responsibility for submitting the annual Verification Summary Report for the SAU/RA for the National School Lunch Program. **This is applicable to NSLP only.**

Signature - This form must be signed by the Superintendent of Schools/designated authority or Executive Director of the Institute identified on the SAU's/RA's application.