



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

## PROGRAM AUTHORIZATION FORM

### SAU/RA LEVEL

SAU/RA Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

SAU#/RA#: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

If you do not already have an account in myNHDOE, please go to <https://my.doe.nh.gov/myNHDOE/Login/Login.aspx> and click on the link to "Create an Account." Once you have done that, please fill out the form utilizing your new user ID.

When filling out this form please only add any additional permissions needed. It will be added to any permissions you already have.

Entry and Submit Program Authorization for Annual Application <i>Please check off the corresponding nutrition program(s) for this user role.</i>		NSLP	FFVP	SMP	CACFP	SFSP
<b>Application Entry Person</b>						
Name:	User ID:					
<b>Application Submit Person</b>						
Name:	User ID:					

Entry and Submit Program Authorization for Monthly Claims <i>Please check off the corresponding nutrition program(s) for this user role.</i>		NSLP	FFVP	SMP	CACFP	SFSP
<b>Claim Entry Person</b>						
Name:	User ID:					
<b>Claim Submit Person</b>						
Name:	User ID:					
<i>The claim "entry" person CANNOT be the same as the claim "submit" person. If multiple persons will be entering claims, please submit an additional Program Authorization form as needed.</i>						

Direct Certification Information Person		SAU Verification Summary Official <i>Only for NSLP *Only one Verification Summary Person assigned per SAU.*</i>	
Name:	User ID:	Name:	User ID:

**Any myNHDOE users no longer active at your SAU/RA? Please enter their name here:**

=====  
 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, Bureau of Student Wellness & Nutrition, Office of Nutrition Programs and Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Superintendent of Schools or Executive Director of Organization

This institution is an equal opportunity provider.

NSLP=National School Lunch Program, CACFP=Child and Adult Care Food Program, SFSP=Summer Food Service Program, SMP=Special Milk Program, FFVP=Fresh Fruits and Vegetables Program

## INSTRUCTIONS

Please complete and return this form to the Department of Education, Office 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.

Please send the form to:

[patricia.j.carignan@doe.nh.gov](mailto:patricia.j.carignan@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, Office 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.