



Please complete this form to identify all individual users associated to your organization for Child Nutrition Programs. Individual users access the Ohio Department of Education Claims Reimbursement and Reporting System (CRRS). This form is to be signed by the owner, board chair, or other authorized administrator for the following sponsor organization:

(SPONSOR NAME)

(IRN NUMBER)

Please check the program(s) that you are requesting access:

- National School Lunch Program
Child and Adult Care Food Program
Summer Food Service Program
Food Distribution Program

I hereby authorize the employee(s) below to represent the sponsor organization noted above for Child Nutrition Programs within the Ohio Department of Education Office of Integrated Student Supports, and to submit claims for reimbursement and other documents for Child Nutrition Programs in the Claims Reimbursement and Reporting System (CRRS). The sponsor organization agrees to notify the state agency immediately of any changes related to authorized access.

Original Signature

Print Name

Print Title Date

Authorized Individual User 1

Form fields for Authorized Individual User 1: SALUTATION, FIRST NAME, LAST NAME, TITLE, FOOD DISTRIBUTION PROGRAM (FDP) ACCESS (YES/NO), FACILITY PHONE, EXT, FAX, SIGNATURE, EMAIL

Authorized Individual User 2

Form fields for Authorized Individual User 2: SALUTATION, FIRST NAME, LAST NAME, TITLE, FOOD DISTRIBUTION PROGRAM (FDP) ACCESS (YES/NO), FACILITY PHONE, EXT, FAX, SIGNATURE, EMAIL

Please indicate any individuals from your organization to be inactivated in the CRRS:

Inactivate Individual User 1

Form fields for Inactivate Individual User 1: SALUTATION, FIRST NAME, LAST NAME, TITLE

Inactivate Individual User 2

Form fields for Inactivate Individual User 2: SALUTATION, FIRST NAME, LAST NAME, TITLE