



NUTRITION PROGRAMS CERTIFICATE OF AUTHORITY

Please complete this form to identify all individual users associated to your organization for 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)

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

- National School Lunch Program/Seamless Summer Option
Child and Adult Care Food Program

- Summer Food Service Program
USDA Foods Program

I hereby authorize the employee(s) below to represent the sponsor organization noted above for Nutrition Programs within the Ohio Department of Education, Office of Nutrition, and to submit claims for reimbursement and other documents for 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: FIRST NAME, LAST NAME, TITLE, FACILITY PHONE, EMAIL ADDRESS, SIGNATURE, USDA FOODS PROGRAM ACCESS-CHOOSE ONE: YES OR NO, CHOOSE ONE: NEW CRRS USER OR PREVIOUS CRRS USER

Authorized Individual User 2

Form fields for Authorized Individual User 2: FIRST NAME, LAST NAME, TITLE, FACILITY PHONE, EMAIL ADDRESS, SIGNATURE, USDA FOODS PROGRAM ACCESS-CHOOSE ONE: YES OR NO, CHOOSE ONE: NEW CRRS USER OR PREVIOUS CRRS USER

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

Inactivate Individual User 1

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

Inactivate Individual User 2

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