

## Cyber-Linked Interactive Child Nutrition System User Identification and Password Request Form

For Access to the Cyber-Linked Interactive Child Nutrition System (CLiCS)

Complete this form to request or delete user identification (ID) and passwords for online access to CLiCS. User IDs must be requested for each person responsible for submitting information via CLiCS because it represents that individual's authorized signature to access the system. The sponsor organization is responsible for the security of passwords and is accountable for all data submitted. Each user will receive a confirmation e-mail from "FNS Administrator" which will include a login screen address, their user ID and password. User IDs and passwords should never be shared with others.

Send the completed form with required signatures via scan to [mde.fns@state.mn.us](mailto:mde.fns@state.mn.us), fax to 651-582-8501 or mail to: Minnesota Department of Education-Food and Nutrition Service, 1500 Highway 36 West, Roseville, MN 55113.

### Sponsor Information / Organization Information:

Sponsor Name: \_\_\_\_\_ Sponsor ID Number: \_\_\_\_\_

Contact Person (Name/Title): \_\_\_\_\_

Responsible Authority (Name/Title): \_\_\_\_\_

Responsible Authority Signature (required): \_\_\_\_\_

### First User: Select all that apply:

- Access is needed to manage Applications and Claims (CLiCS 2)
- Access is needed to Direct Certification Data for Schools (Requires signature of superintendent/director or business or finance manager.)
- Access is needed for Commodity Foods (CLiCS 1)
- User is employed by a Food Service Management or Catering Company
- Access is needed for Admin Budget and Claims for a Family Day Care Home Sponsor
- This user should be *deleted* from CLiCS (e-mail address and signature not required)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address (required): \_\_\_\_\_ Phone: \_\_\_\_\_

User Signature (required): \_\_\_\_\_

### Additional User: Select all that apply:

- Access is needed to manage Applications and Claims (CLiCS 2)
- Access is needed to Direct Certification Data for Schools (Requires signature of Superintendent/director or business or finance manager.)
- Access is needed for Commodity Foods (CLiCS 1)
- User is employed by a Food Service Management or Catering Company
- Access is needed for Admin Budget and Claims for a Family Day Care Home Sponsor
- This user should be *deleted* from CLiCS (e-mail address and signature not required)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address (required): \_\_\_\_\_ Phone: \_\_\_\_\_

User Signature (required): \_\_\_\_\_

Minnesota Department of Education-Food and Nutrition Service: [mde.fns@state.mn.us](mailto:mde.fns@state.mn.us)

651-582-8526 or 1-800-366-8922 (Minnesota Toll-free)