



CNPweb User Request Form



Complete this form to add, modify or delete a user in CNPweb. You must also update the Sponsor Application in CNPweb accordingly. Submit this form as often as changes occur to reflect only those currently approved to enter data and/or approve claims. This form must be signed by the Sponsor's Authorized Representative. This is the person with the legal authority to sign documents on behalf of the sponsor. Email completed form to child.nutrition@maine.gov.

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|--|---|--------------------------|--------------------------|
| CACFP Sponsor Name <u>as it appears in CNPweb</u>: | | | |
| Staff Name: | New User | Modify User | Inactivate User |
| Title: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Email: | | Phone: | |
| COMPLETE THIS SECTION TO ADD/MODIFY/INACTIVATE A USER: | | | |
| User Group Column | Program Column | | |
| User Group: <u>Select one</u> | CACFP Child & Adult Care Food Program | | |
| Sponsor Admin Annual Application Packet; Monthly Claim for Reimbursement; | <input type="checkbox"/> | | |
| Claim Approver Approves the Monthly Claim for Reimbursement. Cannot enter or edit information. | <input type="checkbox"/> | | |
| View Only Can view information but not edit or delete | <input type="checkbox"/> | | |
| As the Authorized Representative for the above names organization, I am requesting the changes listed on this form. | | | |
| Signature of Authorized Representative (Legal Agent): | | | |
| Print Name of Authorized Representative (Legal Agent): | | | |
| Title: | | Date: | |

State Use Only: Date Received From Sponsor: _____
 Date State Completed: _____ Change Complete: Initials: _____