CACFP CNPweb User Access Form

This form is to be used for all CACFP Programs with the exception of CACFP At-Risk

Complete this form to add, modify, delete or reactivate 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 the completed form to child.nutrition@maine.gov.

CACFP Sponsor Name *as it appears in CNPweb*				
Name:	**New User**	**Modify User**	**Inactivate User**	**Reactivate User**
Title:	❑	❑	❑	❑
Email:		**Phone:**		

COMPLETE THIS SECTION TO ADD/MODIFY/INACTIVATE/REACTIVATE A USER

User Group Column	**Program Column**
User Group: Select one Please read descriptions	**CACFP** Child & Adult Care Food Program
Sponsor Admin: Annual Application Packet; Monthly Claim for Reimbursement	❑
Claim Approver: Approves the Monthly Claim for Reimbursement. **Cannot enter or edit information**	❑
View Only: Can view information but cannot edit or delete.	❑

As the Authorized Representative for the above named organization, I am requesting the change 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: _____ Initials: ___

State Signature (If needed): _____ **Date:** _____ **8/11/26**