



Please complete this form to identify all individual users associated to your organization for Nutrition Programs. Individual users access the Ohio Department of Education and Workforce 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:

- Checkboxes for National School Lunch Program/Seamless Summer Option, Child and Adult Care Food Program, Summer Food Service Program, and 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 and Workforce, 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: 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: 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