



**Michigan Department of Education
Child Nutrition Programs - Security Authorization Form**

School District/Organization/Institution Name	Agreement Number
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1. Designated Michigan Education Information System (MEIS) Applications
Check boxes below for which Level 3 "Enter/Certify" access rights are being requested.

<p>a. MICHIGAN ELECTRONIC GRANTS SYSTEM PLUS (MEGS+)</p> <p><input type="checkbox"/> School Meals Program</p> <p><input type="checkbox"/> Child & Adult Care Food Program - Centers</p> <p><input type="checkbox"/> Child & Adult Care Food Program – Family Day Care Home (FDCH) Sponsor</p> <p><input type="checkbox"/> Summer Food Service Program</p> <p><input type="checkbox"/> Summer Camp Special Milk Program</p> <p><input type="checkbox"/> The Emergency Food Assistance Program</p> <p><input type="checkbox"/> Commodity Supplemental Food Program</p> <p><input type="checkbox"/> Fresh Fruit and Vegetable Program</p>	<p>b. CLAIM FORM</p> <p><input type="checkbox"/> School Meals Program</p> <p><input type="checkbox"/> Child & Adult Care Food Program - C Claim</p> <p><input type="checkbox"/> Child & Adult Care Food Program - FDCH Claim</p> <p><input type="checkbox"/> Summer Food Service Program</p> <p><input type="checkbox"/> Summer Camp Special Milk Program</p> <p><input type="checkbox"/> The Emergency Food Assistance Program (MiND)</p> <p><input type="checkbox"/> Commodity Supplemental Food Program (MiND)</p> <p><input type="checkbox"/> Fresh Fruit and Vegetable Program (MiND)</p>
<p>c. LEARS - VERIFICATION SUMMARY REPORT</p> <p><input type="checkbox"/> School Meals Program</p>	<p>d. YEAR END REPORT - SM-4012-A/R</p> <p><input type="checkbox"/> School Meals Program</p> <p>The Year End Report is not required for schools operating the Special Milk Program ONLY.</p>

2. Designated Individual (CANNOT BE A FOOD SERVICE MANAGEMENT COMPANY EMPLOYEE)
I agree to protect my user ID and password from unauthorized use and understand that all activity under my user ID is my responsibility. I further understand that by reporting Child Nutrition Program data on MEIS, I am certifying the data is true and correct, records are available to support it, and it is in accordance with the terms of the existing Agreement.

Signature	Date	* A _____ MEIS Account Number
Print Name	Title	Telephone Number
Email Address		

* If you HAVE already established a MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE.
 * If you do NOT have a MEIS account number, go to: <http://michigan.gov/meis> and click on the MEIS logo box at the top of the screen. Click on "Create a MEIS Account" and follow instructions.

Check if you are a: **Replacement Designee** _____
 Name of Former Designated Individual to be Removed from Security Access

3. Authorization by Superintendent, Administrator, or Institution Official or Owner
Public School Academies: Signature of the School Board President is required
 I attest that the above named individual is authorized to initiate and electronically submit Child Nutrition Program applications to the Michigan Department of Education and to grant Level 1 "Read Only" or Level 2 "Enter/Edit" access rights to other individuals within the organization.

Signature of Superintendent/Administrator/Institution Official or Owner (Public School Academy: School Board President)	Title
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**4. Mail or fax form to: Ruby Zavala, Michigan Department of Education, GCSS, P.O. Box 30008, Lansing, MI 48909.
 Fax: (517) 373-4022**