

Replacement of CNPweb® Passwords

PURPOSE:

To provide guidance on requesting a password change for sponsor access to the CNPweb®

SCOPE:

Institutions participating in the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP)

DESCRIPTION:

Child Nutrition Program (CNP) institutions are assigned a random password during the CNP application process. Often there is a request for a new password due to a change of staff, removal of a key employee, or a lost or forgotten password.

Due to these internal circumstances, institutions may request a new password by submitting a **User Password Change Request Form** to the State Agency by US mail or fax. The form must be completed correctly, specify a reason for the password change, and include the signature of the Authorized Representative as listed in the current fiscal year Sponsor Information Sheet on the CNPweb®.

Passwords will be assigned by a System Administrator and will be mailed or e-mailed to the Authorized Representative.

This policy is effective December 1, 2010.

SOURCE:

Indiana Department of Education, School and Community Nutrition

Indiana Department of Education
School and Community Nutrition
151 West Ohio Street
Indianapolis, IN 46204



User Password Change Request

Instructions: Complete this form and return to IDOE-School & Community Nutrition. Retain a copy for your files.

Institution: _____ Sponsor ID Number: _____

Mailing Address: _____

Authorized Representative: (PLEASE PRINT) _____

Phone: (____) _____ E-mail Address: _____
(PHONE NUMBER AND E-MAIL OF AUTHORIZED REPRESENTATIVE)

Check Program Participation: NSLP CACFP SFSP FOOD DISTRIBUTION

Reason for Change: (PLEASE BE SPECIFIC) _____

I understand that the use of the User ID and Password to access the Indiana Department of Education CNPweb® is equivalent to an original signature for purposes of official documentation. By using the User ID and Password, I certify that the information transmitted is complete and accurate.

To maintain the integrity of the User ID and Password, they are assigned to a specific institution and should only be used by key Child Nutrition Program (CNP) staff. I understand that I am responsible for the information transmitted to the Indiana Department of Education via the CNPweb®.

(SIGNATURE OF AUTHORIZED REPRESENTATIVE LISTED ABOVE) (DATE SIGNED)

(FOR STATE AGENCY USE ONLY)

PROCESSED BY: _____ DATE _____

UPDATE SPONSOR PASSWORD LIST SENT NEW PASSWORD US MAIL E-MAIL DATE: _____

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