

### Replacement of CNPweb® Passwords

#### PURPOSE:

To provide guidance on requesting a password change for sponsor access in 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.

Because of 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 complete, specify a reason for the password change, and be signed by the Authorized Representative as listed in the current fiscal year's CNPweb® Sponsor Information Sheet.

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

This policy is effective February 1, 2011.

#### 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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