



STATE OF HAWAII
DEPARTMENT OF EDUCATION
HAWAII CHILD NUTRITION PROGRAMS
650 Iwilei Road, Suite 270
Honolulu, Hawaii 96817

HCNP Systems User Authorization Form

INSTRUCTIONS:

The *HCNP Systems Sponsor User Authorization Form (User Authorization Form)* communicates the formal request for access to HCNP Systems, and to request any changes in user access.

Each user of HCNP Systems must have a signed *User Authorization Form* on file with the Hawaii Child Nutrition Programs. One *User Authorization Form* is required for each user. At a minimum, Sponsors must have at least two users; one user to perform Sponsor administrative tasks, and one user to perform fiscal/claim related tasks. Each form must be signed by the Sponsor's Authorized Representative/Executive Contact. **The Authorized Representative/Executive Contact is the person with the legal authority to sign official Sponsor documents. This person is identified in the Sponsor Application in CNPweb™ (SNP: Line 24, CACFP: Line 13, SFSP: Line 13).**

To complete this form, type the required information into page three of the fillable PDF document. You may also print the PDF and complete the form. **Section 2 (Certification) MUST BE SIGNED by the user, AND Section 3 (Authorization) MUST BE SIGNED by the Authorized Representative/Executive Contact.** The Access Group Permissions Summary matrix on page 2 is for your reference. The summary outlines the permissions each Access Group has in CNPweb™.

For SNP Sponsors requesting new users: you must select which users will be able to access the Direct Certification module. Please be cautious of who has access to this information because it is highly confidential.

Submit the completed, signed form (page 3) via email attachment to hcnpsystems@notes.k12.hi.us, mail (see address in header), or FAX (808-587-3606) to HCNP. Please retain a copy for your files and allow 5 business days for the form to be processed.

- For existing users: Your HCNP Systems User Login ID and password will remain the same, and **you will be notified of your updated account via email.**
- For new users: You will be assigned a unique User Login ID and temporary password, which must be changed upon initial login to a personal password; this combination will be your HCNP Systems User ID. **You will be notified of your HCNP Systems User ID and temporary password via email.**
- For inactivated users: The Authorized Representative/Executive Contact will be notified via email of inactivation.

The HCNP Systems User Login ID and personal password is your secure HCNP Systems User ID and should be safeguarded. Do not share it with anyone.

HCNP Systems Summary of Program Access Group Permissions

	Sponsor Admin	Sponsor Claims	Sponsor Staff	Fiscal Admin	Fiscal Staff
S N P	Applications	Applications	Applications	Applications	Applications
	Sponsor Summary	Sponsor Info Sheet	Sponsor Info Sheet	Sponsor Summary	Sponsor Info Sheet
	Sponsor Info Sheet	Site Info Sheet	Site Info Sheet	Sponsor Info Sheet	Site Info Sheet
	Site Info Sheet			Site Info Sheet	Annual Financial Report
	Annual Financial Report	Annual Financial Report	Annual Financial Report	Annual Financial Report	Annual Financial Report
	Claims	Claims	Claims	Claims	Claims
	Reimbursement Claim	Reimbursement Claim	Reimbursement Claim	Reimbursement Claim	Reimbursement Claim
	Verification Form	Verification Form	Verification Form	Verification Form	Verification Form
	October Survey Form	October Survey Form	October Survey Form	October Survey Form	October Survey Form
	Maintenance	Maintenance	Maintenance	Maintenance	Maintenance
Change Password	Change Password	Change Password	Change Password	Change Password	
SFA Discretion	SFA Discretion	SFA Discretion	SFA Discretion	SFA Discretion	
Direct Certification	Direct Certification	Direct Certification	Direct Certification	Direct Certification	
C A C F P	Applications	Applications	Applications	Applications	Applications
	Sponsor Summary	Sponsor Info Sheet	Sponsor Info Sheet	Sponsor Summary	Sponsor Info Sheet
	Sponsor Info Sheet	Center Info Sheet	Site Info Sheet	Sponsor Info Sheet	Center Info Sheet
	Center Info Sheet	Provider Info Sheet	Provider Info Sheet	Center Info Sheet	Provider Info Sheet
	Provider Info Sheet	Sponsor Management Plan	Sponsor Management Plan	Provider Info Sheet	FDCH Sponsor Budget
	FDCH Sponsor Budget			FDCH Sponsor Budget	Sponsor Center Budget
	Sponsor Center Budget			Sponsor Center Budget	Sponsor Management Plan
	Sponsor Management Plan			Sponsor Management Plan	
	Claims	Claims	Claims	Claims	Claims
	Reimbursement Claim	Reimbursement Claim	Reimbursement Claim	Reimbursement Claim	Reimbursement Claim
Maintenance	Maintenance	Maintenance	Maintenance	Maintenance	
Change Password	Change Password	Change Password	Change Password	Change Password	
S F S P	Applications	Applications	Applications	Applications	Applications
	Sponsor Summary	Sponsor Info Sheet	Sponsor Info Sheet	Sponsor Summary	Sponsor Info Sheet
	Sponsor Info Sheet	Site Info Sheet	Site Info Sheet	Sponsor Info Sheet	Site Info Sheet
	Site Info Sheet			Site Info Sheet	Sponsor Budget
	Sponsor Budget			Sponsor Budget	
	Claims	Claims	Claims	Claims	Claims
	Reimbursement Claim	Reimbursement Claim	Reimbursement Claim	Reimbursement Claim	Reimbursement Claim
	Maintenance	Maintenance	Maintenance	Maintenance	Maintenance
	Change Password	Change Password	Change Password	Change Password	Change Password

Definitions:

Execute	Used for pages or processes that the user can run or perform
View	User can view information on the form; but does not have the option to submit changes made
Add	User can generate/create and submit new versions of a form or record
Modify	User can edit or revise and submit changes to an existing form or record depending on its <i>Form Status</i> (Approved, Pending Submission)
Delete	User can delete an existing form or record prior to submission to HCNP

Quick Reference Guide to Access Group

Sponsor Admin	Person who typically completes and submits annual program renewal
Sponsor Claims	Person who completes and submits the monthly claim for reimbursement
Fiscal Admin	CACFP & SFSP: Person who completes the budget
Fiscal Staff	View Only (cannot make changes) to everything, including the budget
Sponsor Staff	View Only (cannot make changes) to everything, excluding the budget

This establishment is an equal opportunity provider



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**HCNP Systems
 User Authorization Form**

1. Sponsor Information:

Agreement Number: _____

Official/Legal Sponsor Name: _____

2. Certification: (One form must be filled out for each HCNP Systems user)

I understand that using my HCNP Systems User ID to access the HCNP Systems is equivalent to an original signature for purposes of official documentation and that I am accountable for the content of information submitted when using my HCNP Systems User ID. By using my HCNP Systems User ID, I am certifying that the information transmitted will be complete and accurate.

I will carefully safeguard my HCNP Systems User ID and will not share it with anyone. I will notify the HCNP office via email immediately if my HCNP Systems User ID has been forgotten, used by someone else, or otherwise compromised. I understand that if I share my HCNP Systems User ID, I will be accountable for all transactions and information submitted by another person using my HCNP Systems User ID to access CNPweb™. I understand that if any person accesses CNPweb™ using my HCNP Systems User ID and provides false information, I will be subject to corrective actions and potential penalties.

a. HCNP Systems User Agreement Signature:

User Signature: _____

Print Name: _____

Date: _____

b. Required User Information

Email Address: _____

Phone Number: _____

3. Authorization: (To be completed by Sponsor's Authorized Representative/Executive Contact in CNPweb™)

a. Select:

- Create User
- Modify Existing User
- Inactivate Existing User

b. Select ONE Access Group: (Access Group permissions on page 2)

- Sponsor Admin
- Sponsor Claims
- Sponsor Staff
- Fiscal Admin
- Fiscal Staff

c. Select ALL Child Nutrition Programs for which access is needed:

School Nutrition Program (National School Lunch Program, School Breakfast Program, SMP, ASP, FFVP, SSO)

i. SNP ONLY: Sponsor Direct Certification Access (Confidential Information)

- Child and Adult Care Food Program
- Summer Food Service Program

d. Authorization Signature:

Authorized Representative/Executive Contact Signature: _____

(Person with Legal Authority to sign official Sponsor documents)

Print Name: _____

Date: _____

Authorized Representative/Executive Contact's Title: _____

4. Submit: Submit completed and signed page 3 of the form to HCNP via email attachment (hcnpsystems@notes.k12.hi.us), mail (see address in header), or FAX (808-587-3606)

HCNP INTERNAL USE ONLY	Initial and Date
1. Office Assistant: Verify Form is Complete, Scan Document	
2. System Administrator: Process Form	
3. Office Assistant: Notify User of Account Information, Document in CNPweb	
4. Office Assistant: File Document	