

Common Logon Permissions for CACFP/FDCH

Please scan & e-mail the completed form to Teresa.McCormack@azed.gov or
fax the completed form to (602) 542-1531 Attention: Teresa McCormack

<input type="text"/>		<input type="text"/>
Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.)		CTDS #
<input type="text"/>	<input type="text"/>	
First Name (of person having permissions added/deleted)	Last Name	
<input type="text"/>	<input type="text"/>	
Username (enter if you already have a username that you use to login. Example: JSmith1983)	Work E-Mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Work Phone Number	Ext.

Permissions Section

- Check here to **request CENTER** permissions **OR** to **keep** them if you received them previously.
Note that if left blank, permissions will be deleted if you received them previously.
- Check here to **request DAY CARE HOME SPONSOR** permissions **OR** to **keep** them if you received them previously.
Note that if left blank, permissions will be deleted if you received them previously.
- Check here if the user should be **DELETED**

<input type="text"/>		
Authorized Representative		
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work E-Mail Address	Work Phone Number	Ext.

As the above named **Authorized Representative**, I certify that I am a Governing Board Member that is listed on the Certification Page of the ADE Food Program Permanent Service Agreement Contract; or a Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract. I understand by signing this document I am certifying that the above named User has been provided with the **ADE Acceptable Use Policy**; **has received and viewed the Computer Track Training video provided by ADE**; is an employee with this organization; and understands the responsibilities associated with the Common Logon Permissions for Health and Nutrition Services. **Finally, I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.**

ADE USE ONLY

Approved By: _____
ADE Child Nutrition Programs Representative

Date: _____
Revised 8/18/2014