

INSTRUCTIONS TO COMPLETE THE MARS LOGIN AUTHORIZATION FORM

This form must be completed and returned to the MS. Department of Education, Office of Child Nutrition to receive a User ID and Password for use with the Office of Child Nutrition MARS system. This User ID and Password is accepted as an original signature when submitting information to participate and/or claim reimbursement under the National School Lunch, Breakfast, After-School Snack, Child and Adult Care, Special Milk and Summer Food Service Programs. Listed below are basic instructions for the completion of the on-line signature form. If additional information is needed to complete this form, please contact the Office of Child Nutrition. Authorized Person may have rights to view only.

This form is to be used to make original application for User ID's and Passwords and for any changes, additions or deletions. This form identifies two sections for which User ID's and Passwords are given: (1) applications and (2) claims. You must identify one person for each section but no more than two. The same person can be listed in both sections if you choose. This form must be signed by the Superintendent or Executive Officer of the organization.

1. **Organization Name:** Please list the name of the organization.
2. **Organization ID Number:** List the ID number assigned to your organization by the Department of Education. This is located in the upper left hand corner of the Application Packet page. If you are a new organization, leave this space blank.
3. **Organization Email:** The primary email address of the organization.
4. **OCN Program Specialist:** Program Specialist assigned to the organization by OCN, if known.
5. **Program Name:** Circle the Child Nutrition Program(s) that this User ID and Password will access. If you are more than one program and this user is responsible for multiple programs then circle programs that apply.
6. **Application and Agreement:** Print the name of the individual(s) for whom you are requesting a User ID and Password. Only one name should be listed per line. Circle the "Add" or "Delete" at the end of each line to establish if this is a new/change (add) request or to remove a User (delete).
7. **Claims Submission:** Print the name of the individual(s) for whom you are requesting a User ID and Password. Only one name should be listed per line. Circle the "Add" or "Delete" at the end of each line to establish if this is a new/change (add) request or to remove a user (Delete).
8. **Name:** Print the name of the organization Superintendent or Executive Officer.
9. **Signature:** The individual listed above places his/her signature on this line. By signing this form you are agreeing that the User of the ID and Password provided has signature authority for the items submitted.

MARS System Login Authorization Form for User ID and Password

The Office of Child Nutrition (OCN) has developed a web based program system for collecting information related to the operation of USDA Food Nutrition Programs. This system utilizes user identification codes (ID's) and passwords to authenticate and certify the information submitted. **These ID's and passwords carry the same authority as an original signature.** This form allows you to identify the staff you will authorize to perform functions within our system. **Please list by each security function, the name of the individual who will perform these functions. These individuals will be given ID's and passwords for use in our system. You must enter at least one name for Section I Application and Agreements and one name for Section II Claim Submission.**

Organization Name: _____

Organization ID Number: _____

Organization Email: _____

OCN Program Specialist: _____

Program Name(s) :	NSLP	CACFP	SFSP	Special Milk
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Application and Agreements: To submit or amend information for participation in USDA programs administered by OCN (New information, renewals, amendments, certification, and training registration). (TYPE or PRINT)

Name of Individual: _____ Add Delete

Name of Individual: _____ Add Delete

Name of Individual: _____ (View Only Rights)

Claim Submission: Submission, updating, amending, monthly meal claims for reimbursement and financial claims. (TYPE or PRINT)

Name of Individual: _____ Add Delete

Name of Individual: _____ Add Delete

Name of Individual: _____ (View Only Rights)

This form must be signed by this organization's Superintendent, Chief Executive Officer, President or duly authorized representative, as recognized on the program agreement on file with OCN.

To submit, mail to the address below, email the program specialist, or fax 601-354-7595.

Printed/Typed Authorized Name: _____

Authorized Signature: _____

Please return this form to:
Office of Child Nutrition

**P.O. Box 771
Jackson, MS
39205**