

CYFD Web Services

External User Request for EPICS CACFP

Sponsor: Upon completion, e-mail form to CYFDEPICS.CACFP@state.nm.us

***All fields must be completed for processing.**

Request Information

(completed by Sponsor)

Date Request Submitted:					
Type of Request:	<input type="checkbox"/> EPICS CACFP access <input type="checkbox"/> Remove EPICS CACFP access <input type="checkbox"/> Modify account info				
If modifications, explain:					
First Name:		Middle Initial:		Last Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		
Physical Address:					
City:		State:		Zip:	
Phone:			Email Address:		
Sponsor's Name:			Sponsor EPICS ID:		
Sponsor's Employee Submitting Request:					
Sponsor's Phone:		Sponsor's Email:			
Approved user role(s): (Check all that apply. See descriptions below.)		<input type="checkbox"/> CACFP External Home Provider			
		FP Home Provider Name:			
		FP Home Provider EPICS ID:			
		<input type="checkbox"/> CACFP Facility Sponsor Director <input type="checkbox"/> CACFP Home Sponsor Director <input type="checkbox"/> CACFP Home Sponsor Monitor QA			
Approval (completed by CYFD Program Manager) CYFD Program Manager: Upon approval, e-mail to SystemAccess@state.nm.us					
Approved By:				Date Approved:	
Information Technology Services Use Only					
Date Received:					
Processed By:		Date Processed:			
Completed:		<input type="checkbox"/> 389 Directory setup <input type="checkbox"/> EPICS CACFP setup <input type="checkbox"/> Update EPICS CACFP email group			
User Login ID:					
Date login instructions was sent to Requestor:					

The Request Information section of this form is to be completed by the sponsor of the individual requesting access to EPICS CACFP. The individual requesting access must have an e-mail address as this is used to send login information to that person and outage notifications. Upon completion, the form is to be sent to CYFDEPICS.CACFP@state.nm.us for review and approval by the CYFD Program Manager.

If the user is requesting access to multiple roles, please submit different External Request for EPICS CACFP forms with distinct e-mail address for each role. Example scenario: User requesting access to CACFP Home Sponsor Director and Facility Sponsor Director roles.

EPICS CACFP User Roles - Descriptions

- **CACFP External Home Provider** - Licensed or Registered Home Provider on the Food Program.
- **CACFP Facility Sponsor Director** - Food Program Sponsor for Facilities.
- **CACFP Home Sponsor Director** - Food Program Sponsor Director for Home Providers.
- **CACFP Home Sponsor Monitor QA** - Food Program Sponsor Monitor for Home Providers.