



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

opi.mt.gov

OPI School Nutrition Programs
Direct Certification Application
System Security & User Access Assignment
Request Form

The Direct Certification Application (DCA) system matches SNAP and TANF recipients to enrolled students in order to directly certify their eligibility for free meals. Direct Certification is a required action for districts participating in the National School Lunch Program.

This form is to be submitted to the OPI by the LEA Authorized Representative (AR) to:

- Set up and confirm initial user accounts for the Direct Certification Application (DCA) system
Due to the access of confidential student-level data, carefully review and determine role assignments.

User Roles: There are two separate user roles for the DCA system.

1. The district's primary system user is the Free and Reduced-Price **Determining Official**. The Determining Official is the district's representative who reviews and approves free and reduced-price meal eligibility information. Please be certain that the listed Determining Official contact is the person responsible for performing daily routine duties and detailed involvement associated with determining eligibility information and not just overseeing the process. Each district will be assigned only one Determining Official system user for all participating school sites.
2. A **"Read Only"** user may be available based upon the size of the district if requested and approved. A "read only" user will not be able to perform any action items in the system but will be able to view program data and print reports on a need-to-know basis.

Determining Official User - Complete the contact information.

LEA/Organization Name: _____ Agreement Number: _____

Determining Official Name/Title: _____

Email: _____ Phone: _____

"Read Only" User Access Request – Complete this section *only* if you are requesting a "read only" access role. The OPI will review the request and notify the Authorized Representative if access is granted.

Name/Title of "Read Only" User: _____

Email: _____ Phone: _____

Select an Access Level for the "Read Only" User:

Read Only Access Level will either be District (all school sites) or School and determines what data the person will be able to see on a need-to-know basis. Someone with an Access Level of "District" can see all student-level data for all of the schools within that district. Someone with an Access Level of "School" will only be able to see student-level data for the listed school(s).

District Level: _____ (or) School Level (list name of school(s): _____

Local Education Agency (LEA) Authorized Representative*

Submitted By (signature):

Title:

Date:

*Authorized Representative is the person designated and authorized by the governing board to enter into contracts on behalf of the Local Educational Agency and must be responsible to the Office of Public Instruction for all administrative and operational terms.

Submit by Fax to (406) 444-2955, or mail to OPI School Nutrition Programs, P.O. Box 202501, Helena, MT 59620-2501.

For OPI Use Only:
Rcvd by: _____ Date: _____
Correspondences: _____
Access Granted by: _____ Date: _____