



OPI School Nutrition Programs
Direct Certification Application (DCA)
 System Security & User Access Request Form

The Direct Certification Application (DCA) system matches recipients of public assistance programs (SNAP, TANF & FDPIR) as well as other categorically eligible sources (Foster Care, Migrant & Homeless) to enrolled students. Students that match to categorically eligible sources are directly certified for free meal eligibility based on documentation obtained directly from the authorized state or local agency, therefore, no additional paperwork or further household information is needed. School districts participating in the National School Lunch Program are required to perform direct certification activities at a minimum of three times during the school year.

LEA/District Name: _____ Agreement # _____

Type of Access Requested: Due to the access of confidential student-level data, carefully review and determine role assignments. There are two separate user roles for the DCA system. Please see role details for each to ensure proper assignment of duties.

Determining Official User

The district's primary DCA system user is the Free and Reduced-Price Determining Official. The Determining Official is the designated person who reviews and approves free and reduced-price meal eligibility information. **Please see that the listed Determining Official contact is the person responsible for performing daily routine duties and detailed involvement associated with determining meal eligibility and not just overseeing the process.** Each LEA/district will be assigned only one Determining Official system user for all participating school sites.

Name & Title of Determining Official: _____

Email: _____ Phone: _____

Read Only User (optional)

"Read Only" access may be available based upon the size of the district. A "read only" user will not be able to perform any action items in the system (cannot save or make changes to records) but will be able to view program data and print reports on a need-to-know basis

Name/Title of "Read Only" User: _____

Email: _____ Phone: _____

Read Only Access Type: *Select one*

District wide (*all schools*)

Specified School(s) (*list schools*): _____

Local Education Agency (LEA) Authorized Representative

This form is submitted by the Local Education Agency (LEA) Authorized Representative (AR) to the OPI to authorize account access to the Direct Certification Application (DCA) system. The **Authorized Representative** (usually a Superintendent or Executive contact) 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 OPI for all administrative and operational terms.

Submitted By (signature): _____

Title: _____

Date: _____

Submit by Fax to (406) 444-1488, or mail to OPI School Nutrition Programs, P.O. Box 202501, Helena, MT 59620-2501

OPI Use Only

DCA OPI Admin-Signature _____ Approved Date: _____ Denied - Reason: _____

Schools Assigned: _____

OPI Security Officer Signature: _____ Date: _____