

VDH Special Nutrition Programs (SNP) Access Form Division of Community Nutrition

This application designates a primary individual as responsible for filing claims via the electronic SNP claim system. That person shall be charged with maintaining the security of SNP by retaining sole possession of the credentials necessary to access the system. In the event the primary designee is no longer employed by the organization, then the organization must complete the termination request at the bottom of this form, submit it to the Virginia Department of Health (VDH) and change the password used to access the system in no more than 30 calendar days. A copy of this form must be retained by the organization for a period of three years.

Applicant Information

First Name:	Middle Name:	Last Name:	Phone Number:
Email Address:	Working Title:	Organization Name:	Organization Agreement Number:

Signature

Applicant:	<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
Director/Owner/Board Chair:	<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
<i>For SNP use ONLY - Approval</i>			
SNP Manager:	<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
Termination Request			
Director/Owner/Board Chair:	<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
<i>For SNP use ONLY – Authorization of Termination</i>			
SNP Manager:	<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>