



AUTHORIZATION  
for Online Health Commerce System (HCS) Account Creation

Please complete this form to begin the process of obtaining an HCS account to access CACFP Web-based claiming.

**SECTION 1** (to be signed by the Chair of the Board of Directors or the owner)

On behalf of \_\_\_\_\_  
Name of Organization

I hereby authorize the persons listed in Section 2 below to be responsible for assigning security access to other staff members, monitoring staff capability to accurately enter information, assuring that access to the HCS account is used only for authorized purposes and protecting the information from alteration or corruption.

Original Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2**

**HCS DIRECTOR**

The HCS Director establishes a binding agreement with NYS Department of Health to access HCS and abide by the policies and procedures for using information within the HCS network. The HCS Director has the highest security level for the organization and can function as the HCS Coordinator OR can designate one or more staff members for that position.

Original Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**HCS COORDINATOR**

The HCS Coordinator is responsible for managing the organization's user accounts including requesting new accounts, informing NYSDOH when users leave the organization, and adding additional Coordinators to the system. The Coordinator is the principal point of contact concerning HCS access.

Original Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

For authorization of additional Coordinators, photocopy this page, complete Section 1 of each page and leave the HCS Director section blank on subsequent pages.