



**STEP 1**

The HCS Director creates a Health Commerce System (HCS) ID (if they don't already have one) on the HCS website ([commerce.health.ny.gov](https://commerce.health.ny.gov)). On the login page, click **Sign up Here**, click **No** (I am not a medical professional), click **Register for an account**. Follow the prompts to create an ID.

**STEP 2**

Complete the [Health Commerce System \(HCS\) Account Request](#) (DOH-5158) form. Remember to have the Board Chair or Owner sign Section 1 of the form and attach a copy of the front and back of your photo identification.

The DOH-5158 form and these instructions can be found at:

[health.ny.gov/prevention/nutrition/cacfp/cips](https://health.ny.gov/prevention/nutrition/cacfp/cips)

**STEP 3**

Mail the original completed DOH-5158 and the copy of your photo identification to:

NYSDOH DON Child & Adult Care Food Program – CIPS  
150 Broadway Suite 600  
Albany, NY 12204

**OR:** Scan and email a copy of the original completed DOH-5158 and your photo identification to [CACFP@health.ny.gov](mailto:CACFP@health.ny.gov).

**STEP 4**

CACFP will contact the HCS Director listed on the DOH-5158 to conduct a virtual video identity verification meeting. Upon successful verification, CACFP will authorize your HCS account and grant access to CIPS.

**STEP 5**

CACFP will email the HCS Director confirming the CIPS account is active and will attach a CIPS training manual.

*Congratulations!*

You are ready to start using CIPS.

CACFP Agreement #: \_\_\_\_\_

**SECTION 1 CHAIR OF THE BOARD OF DIRECTORS OR OWNER AUTHORIZATION**

I hereby authorize the person listed in Section 2 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** (Chair of the Board of Directors or Owner): \_\_\_\_\_

**Print Name:** \_\_\_\_\_  Chair of the Board of Directors  Owner

**Date:** \_\_\_\_\_

**SECTION 2 HCS DIRECTOR INFORMATION**

The HCS Director establishes a binding agreement with NYS Department of Health to access HCS and must 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 also function as an HCS Coordinator OR can designate one or more staff members for that position. **Only one staff member may be designated as the HCS Director.** The HCS Director must have or create an HCS account prior to completing this form.

First Name	Middle Name	Last Name
Title		E-mail Address
Work Address		
Office Phone/Ext		Office Fax
NYSDOH Health Commerce System ID:		

**Original Signature** (HCS Director): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Copy of the front and back of the HCS Director's photo identification attached.**

FOR STATE USE ONLY		
<input type="checkbox"/> Identity Verified <input type="checkbox"/> Identity Not Verified	ID Type	Date of Video Verification
Signature (STATE REVIEWER)		Date

This institution is an equal opportunity provider.