



NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF FOOD AND NUTRITION CHILD AND ADULT CARE FOOD PROGRAM

CARES 2.0 User Login Guidance

The purpose of this packet is to provide guidance for adding new institution users to the New Jersey Department of Agriculture Child and Adult Care Food Program CARES system. The packet contains **1)** User login guidance/instructions, **2)** NJDA CACFP CARES User Login Information Form, and **3)** CARES System User Login Authorization Form.

Representatives must return completed copies of the NJDA CACFP CARES User Login Information Form and CARES System User Login Authorization Form for new logins to be processed.

What are the Types of Logins/Access?

Submitter – able to enter and edit data in both the application and reimbursement claim modules. Submitters have full access to view and edit within CARES. These users are **responsible for submitting the CACFP application, entering application updates, and/or submitting claims for reimbursement.** MyNewJersey portal ID required.

Certifier – **certifies the claim data entered by the Submitter.** Certifying a claim is the final step in the claim submission process. Certifiers can also be **responsible for submitting the CACFP application, entering application updates, and electronically signing/certifying documents in the CARES system.** MyNewJersey portal ID required.

Viewer – has view-only access for both CARES application and reimbursement claim modules. MyNewJersey portal ID required.

No Access – institutions have the ability to select “No Access” for Responsible Principals and Individuals. These individuals may be part of the organization but do not require any access to the CARES application or reimbursement claim modules. MyNewJersey portal ID **NOT** required.

Do I Need to Create a New User Login?

1. If you already have a MyNewJersey portal login (through NJ.gov), you do not need to create a new login. This existing login can be used to gain access to CARES.
2. If you already have Submitter login access to CARES, and do not plan to also become a Certifier, you do not need to create a new login.

3. Users with Certifier login access to CARES are able to edit and submit CACFP online applications. These users do not need to create a new login.
4. If your Institution currently has both Submitter and Certifier users but would like to provide access to additional Responsible Principals/Individuals, they must create a new login.
5. If you do not have a MyNewJersey portal login and you require access to CARES, you must create a new login.

NOTE: If an Institution is trying to list the same individual for multiple positions (Ex: Executive Director and Substitute Person Responsible), and that individual only needs one level of access, then they must select their level of access ***only once*** and enter their portal ID ***only once***. For the other position that the individual is listed under, they should select “No Access”.

Executive Director [Change](#)

Title Description * First Name * Last Name *

Date of Birth * Phone Number * Extension Alternate Phone Number Extension

Email Address *

Address Line 1 * Address Line 2 *

City * State * ZIP Code * ZIP Extension *

Current Employer * Does this individual have a second job (outside or within the institution)? * ☐ Yes ☒ No [Clear](#)

Role * Submitter Portal ID *

Substitute Person Responsible for Records [Change](#)

Title Description * First Name * Last Name *

Date of Birth * Phone Number * Extension Alternate Phone Number Extension

Email Address *

Address Line 1 * Address Line 2 *

City * State * ZIP Code * ZIP Extension *

Current Employer * Does this individual have a second job (outside or within the institution)? * ☐ Yes ☒ No [Clear](#)

Role * No Access

How Do I Create a New Login ID?

1. Visit <https://nj.gov/> and click “Login”
2. Use the “Sign Up” button to create your new login

Now That I’ve Created a New Login, How Do I Access CARES?

Does someone in your Institution already have **Submitter or Certifier** access to CARES?

YES, someone already has Submitter or Certifier access:

- The Submitter or Certifier must go into CARES 2.0 and access the current application
- Under “Responsible Principals and Users” the Submitter or Certifier must enter the information for this new institution representative/user under their respective title
 - Complete all information
 - Select the specific “Role” or level of access
 - Once you select the role, you will be prompted to add the Portal ID – the Portal ID is the user login name you created in Step #2
 - **NOTE:** If an Institution is trying to list the same individual for multiple positions (Ex: Executive Director and Substitute Person Responsible), and that individual only needs one level of access, then they must select their level of access **only once** and enter their portal ID **only once**. For the other position that the individual is listed under, they should select “No Access”.
- After the new institution representative/user is added, click “Save” at the bottom of the screen
- Complete the “CACFP User Login Authorization Form” attached in this packet
- Send this form back to your Nutrition Program Specialist ****make sure you include your agreement number****
- Once this person is added and the form is submitted, look for an email from our team with an Authorization Code and additional instructions. Please allow sufficient time for this to be reviewed.

NO, there is no one who currently has Submitter or Certifier access:

- Complete the “User Login Information Form” and “CACFP User Login Authorization Form” attached in this packet
- Send these forms back to your Nutrition Program Specialist ****make sure you include your agreement number****
- Once these are submitted, look for an email from our team with an Authorization Code and additional instructions. Please allow sufficient time for this to be reviewed.



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NJDA CACFP CARES User Login Information Form

This form is to be used for adding a new “**Submitter**” or “**Certifier**” user to a CACFP CARES Application for Institutions that do not have existing “Submitter” or “Certifier” access.

Instructions: Complete the following information for the new user requesting access to the CACFP CARES System.

Reminder: Institution representatives requesting access must have a MyNewJersey portal login established. If the user does not have a login for the MyNewJersey portal, they must create one through NJ.gov. The “Login ID” that is established for the user during this login process is the “Portal ID” that is requested to be provided.

Institution Name:

CACFP Agreement Number:

CACFP Job Title:

Representative Title:

First Name:

Email Address:

Last Name:

Phone Number:

Date of Birth:

Alternate Phone Number:

User Role: **SUBMITTER**
(Level of Access)

CERTIFIER

User Portal ID:
(MyNewJersey Login ID)

Representative Address:

City:

State:

Zip Code with Extension: (XXXXXX-XXXX)

Name of User’s Current Employer:

Does this individual have a second job (outside or within the institution)?

Yes

No

If yes, please provide an explanation:

Does this outside employment constitute a real or apparent conflict of interest to CACFP duties?

Yes

No

Is this individual a voting board member?

Yes

No

Is this member related to another board member or staff of this organization?

Yes

No



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

CARES System User Login Authorization Form

CACFP AGREEMENT # _____ DATE _____

I, _____, Executive Director/Owner of _____,
(Name of Executive Director/Owner) (Institution Name)

do hereby authorize The New Jersey Department of Agriculture Child and Adult Care Food Program to _____
(Grant or Revoke)

user access to my CACFP Institution Application in the CACFP CARES System for _____
(Name of Employee/Representative)

(_____), effective _____.
(NJ.gov Portal Login for Employee/Rep.) (Effective Date MM/DD/YYYY)

USER ACCESS LEVEL SELECTON:

Please Select Only One (1) Option Below

☐ Submitter Level Access ☐ Certifier Level Access ☐ View Only Access ☐ Remove User Access

(Printed Name of Executive Director/Owner)

(Email address for Employee Requesting Access)

(Signature of Executive Director/Owner)

DATE

STATE AGENCY APPROVAL SIGNATURE

DATE