



# **FNS-674 Completion Process**

Online Access to

ROQCTS and SNAP-QCS

Production Environment

# Background

- ROQCTS and SNAP-QCS application contains sensitive information; access to that information is restricted to authorized users only.
- FNS controls & authorizes access to these applications with the FNS-674 form.
- Individuals requiring access to ROQCTS or SNAP-QCS must submit a FNS-674 form to gain access.
- FNS-674 form provides the following applicant info to FNS:
  - eAuth Level 2 credentials for SNAP-QCS access
  - Required level and type of access (role & associated permissions)
  - Required duration of access (contract expiration date for contractors)
  - Approvals in the applicant's supervisory chain
  - Final authorization for access by FNS Authorizing Official/Regional Officer
- All must be completed for the SNAP-QCS Help Desk to create the application user account.

# USDA eAuthentication Account

- User must have an eAuth account with level 2 access.
- If the eAuth account is level 1, user must login to their eAuth profile and upgrade the account to level 2 by completing their identity verification.
- If the user does not have an eAuth account, please follow the below steps to create and eAuth Account with Level 2:
  1. Visit the eAuth website and click “Create Account”:  
<https://www.eauth.usda.gov/home/>
  2. For any questions related to eAuth account, please refer to the following link:  
<https://www.eauth.usda.gov/eauth/b/usda/faq>

- **If you have any issues with this step in the process, please contact the eAuthentication Help Desk: Telephone: 1-800-457-3642 (Option 1)  
Email: eAuthHelpDesk@usda.gov**

# Identity Verification

## Verifying Online:

- To complete eAuth, verification can be completed online by answering all the questions. Please note that the answers should all be correct in order to be verified.

Failed Online Verification? Then you will have to verify in-person.

## Verifying in-person:

- Visit an LRA in-person. The following link provides information on sites where LRAs will be available.
- Please call to make an appointment before visiting.

<https://www.eauth.usda.gov/home/lrainfo>

- **If you have any issues with this step in the process, please contact the eAuthentication Help Desk: Telephone: 1-800-457-3642 (Option 1)  
Email: eAuthHelpDesk@usda.gov**

# Complete a FNS-674 form

- Once you have an eAuth account with level 2 access, you must then fill out a FNS-674 Form to request access to the ROQCTS or the SNAP-QCS application.
- You can obtain a blank FNS 674 form by requesting one from the SNAP-QCS Help Desk [SM.FN.SNAPQCS-Support@usda.gov](mailto:SM.FN.SNAPQCS-Support@usda.gov)
- Complete the form ELECTRONICALLY and only print out the form when obtaining signatures.

**Please minimize the number of times the form is printed, signed and scanned in order to reduce the risk of the help desk rejecting the form because it cannot be read**

# FNS-674 Form

- The image to the right is the first page of FNS-674 Form.
- Make sure you have the latest version of the form (indicated by the **06/30/2021** 'Expiration Date' on the upper right corner).
- The highlighted sections of the form are **required**.

Print

OMB APPROVED NO. 0584-0532  
Expiration Date: 06/30/2021

U.S. Department of Agriculture - Food, Nutrition and Consumer Services  
**User Access Request Form**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0532). Do not return the completed form to this address.

| User Information  |                           |  |   |   |
|---|---------------------------|--|---|---|
| 1. Last Name  | First Name                | Middle Name  | 2. Title  | 3. Date of Request                      |
| 4. Work Email   |                           |  |   | 5. USDA E-Auth User ID, (if applicable) |
| 6. Type of User (select one)  | 7. Telephone              | 8. Contract Expiration Date (if applicable)                    | 9. Temporary Employee Expiration Date (if applicable) |   |
| 10. Company   | 11. Division              |  | 12. Department  |   |
| 13. Office (select one)   | Office Street Address     |  |   | Suite #                                 |
| City  | State                     |  | ZIP Code  |   |
| 14. System Name   | 15. Type of Access / Role |  | 16. Action Requested                                  |   |
| 17. System Login User ID (current users)  |                           | 18. Program and Form (applicable for FPRS)                     |   |   |
| 19. State/Locality Codes  |                           |  |   |   |
| 20. Comments, Special Instructions and/or Justification (if "Other" is selected in fields 6, 13, or 14). (attach separate sheet if more space is needed)  |                           |  |   |   |
| <b>Privacy Act Statement</b>  |                           |  |   |   |
| <b>Authority:</b> The authority in collecting this information is Public Law 107-347.<br><b>Purpose:</b> This information is collected to ensure accounts are created with the correct information and access permissions for individuals.<br><b>Routine Use:</b> The information will be used to create accounts and grant access permissions.<br><b>Disclosure:</b> Furnishing information on this form is voluntary. Failure to provide correct information will result in denial of account or access permissions.  |                           |  |   |   |
| 21. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)  |                           |  |   |   |
| <ul style="list-style-type: none"><li>• I have read and understand the Privacy Act Statement above and the FNCS Rules of Behavior (see page 3 for complete verbiage).</li><li>• Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them.</li><li>• I understand that systems require security to protect user and system files from unauthorized access.</li><li>• I have completed this form to the best of my abilities.</li></ul> |                           |  |   |   |
| User Signature  |                           | Print Name   |   | Date                                    |
| <b>Approvals</b>  |                           |  |   |   |
| 22. a. Supervisor / COR   |                           |  |   |   |
| Print Name  |                           | <input type="checkbox"/> Approve <input type="checkbox"/> Deny |   |   |
| Phone Number  |                           | Date   | Signature   |   |
| <b>Approvals (continued)</b>  |                           |  |   |   |
| b. System - Authorizing Official (FNCS)   |                           |  |   |   |
| Print Name  |                           | <input type="checkbox"/> Approve <input type="checkbox"/> Deny |   |   |
| Phone Number  |                           | Date   | Signature   |   |
| c. Information Security Office (FNCS)   |                           |  |   |   |

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# Complete a FNS-674 Form

## 1. Applicant Identification

1. Box 1 will contain your Last and First Name. Middle Name/ Initial is optional.
2. Box 2 will contain your Work Title (i.e. Eligibility Worker, Social Services Worker etc.)
3. Box 3 will be the date you are making the request (filling out the form).
4. Box 4 will be the your work email (the same email you used to create your Level 2 eAuth ID).
5. Box 5 must contain your Level 2 eAuth ID you previously created.

| User Information |            |  |          |                    |
|------------------|------------|--|----------|--------------------|
| 1. Last Name     | First Name | Middle Name                                    | 2. Title | 3. Date of Request |
| 4. Work Email    |            | 5. USDA E-Auth User ID, <i>(if applicable)</i> |          |                    |

# Complete a FNS-674 Form

## 2. User Type

1. Box 6 will indicate the type of user you are: State, Federal, or Contractor
2. Complete boxes 7, 10, 11 and 12 with regard to the agency you work for in your state or at FNS. For contractors, this information is for the contractor company that holds the prime contract for your work.
3. As a state user, indicate 'State Office' in box 13 . Otherwise, select the office that best suits your location from the dropdown.
4. Complete the remainder of box 13 with information that represents the primary location where you perform your work.
  - a. Working from home? Use your home address
  - b. Working from a state or FNS office? Use your state or FNS office where you work.
  - c. Working from a contractor location? Use the contractor's address where you work.

|  |                       |  |  |
|--|-----------------------|--|--|
| 6. Type of User <i>(select one)</i><br>▼ | 7. Telephone          | 8. Contract Expiration Date <i>(if applicable)</i> | 9. Temporary Employee Expiration Date <i>(if applicable)</i> |
| 10. Company                              | 11. Division          |  | 12. Department   |
| 13. Office <i>(select one)</i><br>▼      | Office Street Address |  | Suite #  |
| City                                     | State                 | ZIP Code   |  |

# Complete a FNS-674 form

## 3. User Access/Role/Permissions

1. Box 14 ('System Name') will be either ROQCTS or SNAP-QCS.
2. Box 15 will be the name of your required role for the application. For a list of valid roles, please see the document in [Appendix A](#).
3. Box 16 will be one of the following options:
  - ADD: if you are a new user requesting an account.
  - MODIFY: if you already have a user account but need to modify your role, reactivate, deactivate the account.

Notes: If you modify your account, indicate what is being modified in Box 20 (Comments). In addition, to Reactivate an Inactive account, select 'Modify' and put a comment for reactivation in Box 20.

  - DELETE: if a user account should be deleted from the application.
4. Box 20 can be used for comments regarding the specific access, for example: the required environment (Prod), upload or Sampling parameters input options for SNAP-QCS.

|  |  |  |
|--|--|--|
| <b>14. System Name</b> <span style="float: right;">▾</span>  | <b>15. Type of Access / Role</b>                         | <b>16. Action Requested</b> <span style="float: right;">▾</span> |
| <b>17. System Login User ID</b> <i>(current users)</i>   | <b>18. Program and Form</b> <i>(applicable for FPRS)</i> |  |
| <b>19. State/Locality Codes</b>  |  |  |
| <b>20. Comments, Special Instructions and/or Justification</b> <i>(if "Other" is selected in fields 6, 13, or 14). (attach separate sheet if more space is needed)</i> |  |  |

# Complete a FNS-674 form

## 4. Acknowledgement & Approvals

The user submitting the form MUST sign their name, print their name and date in Box 21.

| Privacy Act Statement   |  |       |
|---|--|-------|
| <b>Authority:</b>   | The authority in collecting this information is Public Law 107-347.  |       |
| <b>Purpose:</b>   | This information is collected to ensure accounts are created with the correct information and access permissions for individuals.                |       |
| <b>Routine Use:</b>   | The information will be used to create accounts and grant access permissions.  |       |
| <b>Disclosure:</b>  | Furnishing information on this form is voluntary. Failure to provide correct information will result in denial of account or access permissions. |       |
| <b>21. User Acknowledgement</b> <i>(Users requesting system access must read, sign and date prior to submitting this form)</i>  |  |       |
| <ul style="list-style-type: none"><li>• I have read and understand the Privacy Act Statement above and the FNCS Rules of Behavior <i>(see page 3 for complete verbiage)</i></li><li>• Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and I am aware of my obligation to abide by them.</li><li>• I understand that systems require security to protect user and system files from unauthorized access.</li><li>• I have completed this form to the best of my abilities.</li></ul> |  |       |
| _____   | _____  | _____ |
| User Signature  | Print Name   | Date  |

# Complete a FNS-674 Form

## 5. FNS Authorization

1. Box 22a requires the signature of the supervisor of the user who signed the form in Box 21.
2. FNS Authorizing Official must approve and sign in line 22b.
3. For state users, determine the FNS authorizing official for your state by referring to the AO list in [Appendix A](#).

| Approvals                      |                                  |                               |
|--------------------------------|----------------------------------|-------------------------------|
| <b>22. a. Supervisor / COR</b> |                                  |                               |
| Print Name                     | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| Phone Number                   | Date                             | Signature                     |

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**SBU**

Electronic Form Version Designed in Adobe 10.0 Version

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| Approvals (continued)                                     |                                  |                               |
|---|----------------------------------|-------------------------------|
| <b>b. System - Authorizing Official (FNCS)</b>            |                                  |                               |
| Print Name  | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| Phone Number  | Date                             | Signature                     |
| <b>c. Information Security Office (FNCS)</b>              |                                  |                               |
| Print Name  | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| Phone Number  | Date                             | Signature                     |
| <b>d. State Computer Security Officer (if applicable)</b> |                                  |                               |
| Print Name  | <input type="checkbox"/> Approve | <input type="checkbox"/> Deny |
| Phone Number  | Date                             | Signature                     |

# Complete a FNS-674 Form

## 6. SNAP-QCS Helpdesk Account Creation

PRIOR to approval, the FNS Authorizing Official MUST:

- Review the form for completeness
- Reject any forms that do not follow the instructions as outlined in the document.

AFTER approval, the FNS Authorizing official WILL:

- Send the signed form to the SNAP-QCS Helpdesk email account.
- Please never send it to a specific person at the SNAP-QCS Helpdesk.

UPON receipt, the SNAP-QCS Helpdesk WILL:

- Review the form for correctness/completion.
- If form is completed correctly, establish the account and notify the applicant.
- Reject forms that are not legible and notify the submitter for the rejection reason(s).
- Include a copy to FNS ISO.

Regional Coordinators will return rejected FNS-674 forms to the user to update and resubmit.

# Appendix A

The next slides includes the following information:

- Valid ROQCTS User Roles
- Valid SNAP-QCS User Roles
- List of Authorizing Regional Roles

# Valid ROQCTS User Roles

The following are the various User Roles in the ROQCTS system:

- **Viewer** - User may view home page and search cases. User may not change case action or review data.
- **Reviewer** - User may view home page and search cases. User may only change case action or review data for the cases to which they are assigned as 1st Party (except where performing a 2nd Party Review). Reviewer may also perform the Informal Resolution.
- **QC Coordinator or Section Chief** - May perform all actions in the system except Sampling and Arbitration. May sign-off on a case and revoke the sign-off.
- **Statistician** – May perform sample management, setting sample intervals, Federal sub sampling, supplemental sampling and Federal deselect. May also perform all actions in the system except Arbitration.  
**NOTE:** Statistician at National Office Level can also Lock/Unlock Reviews based on Regions. If this level of the role is needed, please include a comment in Box-20 of the 674 form stating “case lock and unlock rights are needed.”
- **Arbitrator or QC Branch User** - View rights with permission to perform Arbitration.
- **Report Only** – Can run reports only; cannot view, search or perform any other actions.

# Valid SNAP-QCS User Roles

The SNAP-QCS State system has four user roles:

- **Reviewer** - A reviewer can enter and view/edit/modify review findings in the system. Reviewers cannot move a case past submit status. A reviewer can modify cases that have been rejected or are in Work In Progress/New File Status.
- **Supervisor** - A supervisor can enter and view/edit/modify review findings in the system. Additionally, they can review submitted FNS 380-1 and FNS 245 forms and either approve or reject them. If it is rejected, the system returns the form to the reviewer for revision.
- **Manager** - A supervisor who also receives the notification e-mail sent when a Federal review has been completed. If the form is approved, the manager can release it to the Federal government.
- **Viewer** - These users cannot create new cases or modify existing cases. This user is not allowed any user entered data to be stored permanently although system generated data relating to this user may be stored.

# List of Authorizing Regional Roles

| Region          | Authorizing Official   | Email Address  | Authorizing Official Backup       | Email Address  |
|-----------------|--|--|-----------------------------------|--|
| <b>MARO</b>     | Nydzia Santiago<br>Emily Wilson<br>MaryAnn Salvatore               | <a href="mailto:nydza.santiago@usda.gov">nydza.santiago@usda.gov</a><br><a href="mailto:emily.wilson@usda.gov">emily.wilson@usda.gov</a><br><a href="mailto:maryann.salvatore@usda.gov">maryann.salvatore@usda.gov</a>   | Yvonne Fritz                      | <a href="mailto:yvonne.fritz@usda.gov">yvonne.fritz@usda.gov</a>   |
| <b>MPRO</b>     | Elaine Jones   | <a href="mailto:elaine.jones@usda.gov">elaine.jones@usda.gov</a>   | Patricia McGinn<br>Gina Brand     | <a href="mailto:patricia.mcginn@usda.gov">patricia.mcginn@usda.gov</a><br><a href="mailto:Gina.brand@usda.gov">Gina.brand@usda.gov</a>         |
| <b>MWRO</b>     | William Benenhaley<br>Melissa Cundari<br>Kahla Leggett             | <a href="mailto:william.benenhaley@usda.gov">william.benenhaley@usda.gov</a><br><a href="mailto:melissa.cundari@usda.gov">melissa.cundari@usda.gov</a><br><a href="mailto:kahla.leggett@usda.gov">kahla.leggett@usda.gov</a>   |                                   |  |
| <b>NERO</b>     | Alonso Rodriguez   | <a href="mailto:alonso.rodriguez1@usda.gov">alonso.rodriguez1@usda.gov</a>   | Jheanell West<br>Lefki Orphanides | <a href="mailto:jheanell.west@usda.gov">jheanell.west@usda.gov</a><br><a href="mailto:lefki.orphanides@usda.gov">lefki.orphanides@usda.gov</a> |
| <b>SERO</b>     | Yameche Robinson   | <a href="mailto:Yameche.Robinson@usda.gov">Yameche.Robinson@usda.gov</a>   | Eugene Malveaux                   | <a href="mailto:eugene.malveaux@usda.gov">eugene.malveaux@usda.gov</a>   |
| <b>SWRO</b>     | Shalonda Moore   | <a href="mailto:shalonda.moore@usda.gov">shalonda.moore@usda.gov</a>   | Lori Kelly<br>Steven Wanderscheid | <a href="mailto:lori.kelly@usda.gov">lori.kelly@usda.gov</a><br><a href="mailto:steven.wanderscheid@usda.gov">steven.wanderscheid@usda.gov</a> |
| <b>WRO</b>      | Dawn Baker<br>Pandora Lewis<br>Rodney Coatney<br>Bradford Williams | <a href="mailto:dawn.baker@usda.gov">dawn.baker@usda.gov</a><br><a href="mailto:pandora.lewis@usda.gov">pandora.lewis@usda.gov</a><br><a href="mailto:rodney.coatney@usda.gov">rodney.coatney@usda.gov</a><br><a href="mailto:bradford.williams@usda.gov">bradford.williams@usda.gov</a> |                                   |  |
| <b>National</b> | Billie Roye  | <a href="mailto:billie.roye@usda.gov">billie.roye@usda.gov</a>   | Carmen Garson-Shumway             | <a href="mailto:Carmen.Garson-Shumway@usda.gov">Carmen.Garson-Shumway@usda.gov</a>   |