

**NC CARES AUTHORIZATION FORM**  
**North Carolina Department of Health & Human Services**  
**Division of Public Health, Women's and Children's Health Section**  
**Nutrition Services Branch, Special Nutrition Programs**

Institution Name	Agreement Number
Address	Phone Number
City                      State              Zip Code	E-mail Address

Please type or print the full name(s) and title(s) of **ALL current** employees in your institution who are authorized to complete application and electronically submit monthly claims for reimbursement through the NC CARES system. **All authorized users must be also listed on the Statement of Authority (DHHS CAC 18 or SFSP 30).**  
*Note: any employee not included on this or the CAC18 authorization form must be removed from the NCCARES system.*

<b>Add New Authorized Users of NC CARES</b>			
Name	Title	CACFP	SFSP
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Please type or print the full name(s) and title(s) of ALL employees who are no longer authorized to access the NC CARES system.

<b>Delete Existing Users of NC CARES - No Longer Authorized</b>			
Name	Title	CACFP	SFSP
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

*I hereby certify that the information given is true and correct to the best of my knowledge. I understand that the information on this form is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I understand that all authorized users are responsible for activities performed under their user ID and I agree that precautions will be made to safeguard their user IDs and passwords and that these IDs will not be shared. I further understand that changes in the status of any of the authorized users listed above must be submitted to the NSB Helpdesk, Division of Public Health, Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914, fax (919) 870-4863. This information will be used to assign or delete user IDs and passwords for access to the NC CARES system. In NCCares, any CACFP user ID that has not been used within 90 days, or any SFSP user ID that has not been used by June 15<sup>th</sup> of the current fiscal year will be terminated.*

Type or Print Name of Institution's Owner or Board Chair	Official Title
Signature of Institution's Owner or Board Chair	Date Signed