NC CARES AUTHORIZATION
North Carolina
Department of Health & Human Services
Division of Public Health
Women's and Children's Health Section
Nutrition Services Branch – Simplified Summer Food Program

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 the employees in your institution who are authorized to complete application and electronically submit monthly claims for reimbursement through the NC CARES system. These authorized users must be also listed on the *Statement of Authority (DHHS-SFSP30)*.

Authorized Users of NC CARES	
Name	Title

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 that precautions will be made to safeguard their IDs and passwords. I further understand that changes in any of the authorized users listed above must be submitted to Cassandra Lee, Division of Public Health, Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914, fax (919) 870-4819. This information will be used to assign User ID's and a password for access to the NC CARES system.

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