



North Carolina Department of Health and Human Services  
 Division of Public Health  
 Child and Adult Food Program



**ADD, DROP, CHANGE FORM**

Page \_\_\_\_\_ of \_\_\_\_\_

Adds \_\_\_\_\_ Terminated \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Agreement Number: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor e-mail or Fax #: \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

Provider Name (or Facility Name (Last Name, First Name))	Physical site address (Number/Street/City/Zip)	Site Number	Change Code				Modification Details		Approved Date (STATE AGENCY ONLY)
			A: Add	T: Terminate	M: Modifications	Ti: Tier Updates	Current	Updated Info	

\*Submit all requests to [SVC\\_SO\\_documentation@dhhs.nc.gov](mailto:SVC_SO_documentation@dhhs.nc.gov)

None of the responsible principals or providers have been disqualified and none of the facilities have been terminated from participating in the CACFP

Approved by NC State Agency \_\_\_\_\_ Date: \_\_\_\_\_