

Facility Pre-Qualification Application
Child and Adult Care Food Program

Date Submitted:			
Institution's Name:		Agreement Number:	
Institution's Contact:			
Phone Number:		Fax Number:	
Email Address:			

Facility's Name:		Home	Center
Center/Homes-License # (Required) :			
Center Federal ID # (Required) :			
Responsible Part(ies)/Individual:			
Mailing Address:			
Physical Address:			
Has the facility ever had an agreement with DHHS?	Yes	If yes, Agreement #	No
Has the facility ever participated under another Sponsoring Organization?	Yes		No
If yes, name the Sponsoring Organization			
Sponsoring Organization has reviewed the NDL, the facility and/or responsible party are not listed on NDL			
Date of Birth if name was found on the NDL:			
STATE AGENCY ONLY: this facility is in good standing with the State Agency?	Yes		No
Facility ID			

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Facility ID			

STATE AGENCY COMMENTS:

Signature (State Agency only): _____

Date: _____

Please email to SVC_SO_documentation@dhhs.nc.gov or fax to (919) 870-4819