



Institution Application Profile

Please complete this form to obtain an individual NCID, which allows you to log in to and utilize NC CARES system to start the new application process for your institution. Please submit this form and the NC CARES User's Access Form by one of the following methods:

1. E-mail to CACFP_Newapp@dhhs.nc.gov
2. Fax to (919) 870-4819
3. Mail to NCDHHS-Child & Adult Care Food Program – PO Box 1914 – Raleigh NC 27699-1914

This document is a fillable form. Enter your information in the grey boxes and check boxes.

Institution Name:	
DBA Name:	

Organization Type: (Choose one option):			
	Local Government	FEIN (##-#####)	
	State Government	DUNS #	
	Federal Government	County	
	Non-Profit Organization	State	
	For-Profit Organization		

Program Type: (Check all that apply):			
	Independent Center		Sponsoring Org. of Day Care Homes
	Sponsoring Org. of Affiliated Centers		School Food Authority ARAM
	Sponsoring Org. of Unaffiliated Center		Sponsoring Org. of Affiliated & Unaffiliated Center

Contact Name:	
Mailing Address:	
E-Mail:	
Phone:	

Agreement Number		Date		Initials:	
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Representative Signature	
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