North Carolina Department of Health and Human Services
Division of Public Health
Women's & Children's Health Section
Nutrition Services Branch
Special Nutrition Programs
CHILD AND ADULT CARE FOOD PROGRAM

Participant Information for New Facilities Summary: At-Risk Afterschool Meals Programs

NAME OF INSTITUTION:_____

#	Name of Facility	Previously Operated in Summer Food Service Program (Check if Yes) √	Total Number of Participants

The representations made herein on behalf of the Institution are true and correct to the best of my knowledge. I understand that these representations are being made in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

_____ _____ _____/_____/

Signature of Institution's Authorized Representative Title Date