



NC CARES New Institution User Access Form

Institution Name:		Agreement #: (State Use Only)	
Phone Number		Email address	
<p>NCID Required: Visit https://ncid.nc.gov/ncidsspr/. Click on Individual to obtain a separate <i>Individual</i> NCID for each user. The Individual NCID is a required field and NC CARES access cannot be provided without it.</p> <p>Complete the following section to request new NC CARES access for users who are authorized to complete applications and electronically submit monthly claims for reimbursement through the NC CARES system. Please type or print the full name, title, Individual NCID, and check the program type for each user (Center – CTR; Day Care Home – DCH; or both).</p>			
Names to add NC CARES Access	Title	Individual NCID	CTR DCH
<p>As the Institution’s Owner or Board Chair,</p> <ul style="list-style-type: none"> • I understand all authorized NC CARES users are responsible for activities performed under their Individual NCID. • I agree precautions will be made to ensure individual NCIDs will not be used by multiple employees. • I understand changes in the status of any authorized NC CARES user listed above must be submitted immediately to the NC CACFP. Changes can be made by submitting an <i>NC CARES Existing Institution User Access Form</i> by email to NSB.customerservice@dhhs.nc.gov or by fax to 919-870-4863. This form is available at https://www.nutritionnc.com/snp/forms.htm under Application Update. • Any NC CARES login that has not been used within 90 days will be deactivated. 			
Owner/Board Chair Printed Name		Official Title	
Owner/Board Chair Signature		Date	
Owner/Board Chair Phone			
Owner/Board Chair Email			

Email this completed form along with the *New Institution Application Profile* and your *Get Started with NC CACFP training* certificate to: CACFPnewapp@dhhs.nc.gov

STATE USE ONLY		Date Received	
Date	First/Last Name	Verified by	Service Now #