

## North Carolina Department of Health and Human Services Division of Public Health, Nutrition Services Branch Child and Adult Care Food Program NC CARES <u>New Institution</u> User Access Form



Institution Nar	ne:						
DBA Name:							
Physical Addre	ss						
Phone Number	r		Email address				
•		ps://ncid.nc.gov, click required field and NC	-	•		n authorized us	ser.
Complete the following section to request <b>new</b> 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).							
Names to add NC CARES Access			Title		Individual NCID	CTR	DCH
<ul> <li>I agree precautions will be made to ensur</li> <li>I understand changes in the status of any immediately to the NC CACFP. Changes of Form by email to NSB.customerservice@d https://www.nutritionnc.com/snp/forms.</li> <li>Any NC CARES login that has not been use</li> <li>Owner/Board Chair Printed Name</li> <li>Owner/Board Chair Phone</li> <li>Owner/Board Chair Email</li> <li>Send this completed form along with the New I</li> </ul>			authorized NC CARES an be made by submi <u>hhs.nc.gov</u> or by fax t <u>htm</u> under Application ed within 90 days wil	ill not be use S user listed tting an NC ( o 919-870-4 n Update. I be deactiva Official Title Date	ed by multiple emp above must be sub CARES Existing Instit 863. This form is av ated.	loyees. mitted. tution User Acc ailable at	cess
•		vApp@dhhs.nc.gov			1		
STATE USE ONLY		Institution Agreement Number			Date Received		
Date	First/Last Name			Verifi	ed by	Tracking #	