

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 Eligibility Information for New Centers Summary

NAME OF INSTITUTION: _____

| # | Name of Center | Total Number of Enrolled Participants | Total Number of Participants Classified as Free | Total Number of Participants Classified as Reduced | Total Number of Participants Classified as Denied | Total Number of Participants with No Application |
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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.

_____ / / _____
 ORIGINAL Signature of Institution's Authorized Representative Title Date