



NCCARES USER ACCESS REQUEST FORM
North Carolina Department of Health & Human Services
Division of Public Health, Women's and Children's Health Section
Nutrition Services Branch, Special Nutrition Programs



| | | | |
|------------------------|-------------|------------------------|---------------------|
| Institution Name _____ | | Agreement Number _____ | |
| Address _____ | | Phone Number _____ | Fax Number _____ |
| City _____ | State _____ | Zip code _____ | Email Address _____ |

Complete this 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(s), title(s), and Individual NCID, and select a program for each user (Center - CTR; Day Care Home – DCH; or Both).

Note: The Individual NCID is a required field and NC CARES access cannot be provided without it.

| Complete for all employees that require new NC CARES access | | | | ✓ To select program for each user | | |
|-------------------------------------------------------------|-------|-----------------|-----|-----------------------------------|------|--|
| Name | Title | Individual NCID | CTR | DCH | Both | |
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Please type or print the full name(s) and title(s) of ALL employees who are no longer authorized to access the NC CARES system. These users access will be inactivated from NC CARES.

| Name | Title |
|------|-------|
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I understand that all authorized NC CARES users are responsible for activities performed under their Individual NCID. I agree that precautions will be made to ensure that the NCID will not be used by multiple employees. I further understand that changes in the status of any of the authorized NC CARES users listed above must be submitted to the NSB Customer Service Desk, Division of Public Health, Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914, fax (919) 870-4863.

| | |
|--------------------------------------------------------------------------|-------------------------|
| _____ <i>Type or Print Name of Institution's Owner or Board Chair</i> | _____ Official Title |
| _____ Signature of Institution's Owner or Board Chair | _____ Date Signed |

| For State Use Only | Date: | Remedy # | Initials: | Verified by: |
|--------------------|-------|----------|-----------|--------------|
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