

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

1. NAME OF INSTITUTION: _____

2. Name of Center	3. Total Number of Enrolled Participants	4. Total Number of Participants Classified as Free	5. Total Number of Participants Classified as Reduced	6. Total Number of Participants Classified as Denied	7. Total Number of Participants with No Application

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.

8. _____
 ORIGINAL Signature of Institution's Authorized Representative

9. _____
 Title

10. ____/____/____
 Date

Instructions for Completing the Participant Eligibility Information for New Centers Summary

If new centers/facilities are being added to the sponsorship, this document must be completed and information must be provided for each new facility.

- 1. Name of Institution:** Provide the name of the institution.
- 2. Name of Center:** Provide the name of all new centers being added to the sponsorship.
- 3. Total Number of Enrolled Participants:** Provide the total number of enrolled participants for each center being added. Ensure the enrollment matches the enrollment on the center application.
- 4. Total Number of Participants Classified as Free:** Provide the total number of free applications for each center being added that was verified by the sponsorship.
- 5. Total number of Participants Classified as Reduced:** Provide the total number of reduced applications for each center being added that was verified by the sponsorship.
- 6. Total number of Participants Classified as Denied:** Provide the total number of denied applications for each center being added that was verified by the sponsorship.
- 7. Total number of Participants with No Application:** Provide the total number of participants with no application for each center being added that was verified by the sponsorship.
- 8. Signature of Institution Authorized Representative:** Provide the signature of the institution's authorized representative. Note: This person should be listed on the institution's statement of authority.
- 9. Title:** Provide the title of the institution's authorized representative.
- 10. Date:** Provide the date in which the institutions authorized representative completed the form.