

Department of Health and Human Services

Division of Public Health

Child and Adult Care Food Program

Institution Application Profile

This form is to be completed by institutions interested in applying for the Child and Adult Care Food Program. Once this form is submitted and an individual NCID is reported to the NC CACFP state agency via the NC CARES Access Request Form, an NC CARES Institution Profile will be created.

Institution ID/Agreement Number: _____ (This will be assigned by the state agency.)

Institution Name: _____

DBA Name: _____

Address: _____

Organization Type: (Choose one option)

- Local Government
- State Government
- Federal Government
- Non-Profit Organization
- For-Profit Organization

FEIN (##-#####): _____

County: _____ (if out of state, write out of state)

State: _____

DUNS Number: _____

Child and Adult Care Food Program - Centers (C)

Check here if participating in the Centers program (choose one option)

- Independent Center
- Sponsoring Organization of Affiliated Centers
- Sponsoring Organization of Unaffiliated Centers
- Sponsoring Organization of Affiliated and Unaffiliated Centers

Child and Adult Care Food Program - Day Care Home (DCH)

Check here if participating in the Day Care Homes program

- Sponsoring Organization of Day Care Homes