



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 employees that require new NC CARES access			✓ To select program for each user		
Name	Title	Individual NCID	CTR	DCH	Both

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.

Name	Title

I understand that all authorized 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 user 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:	Initials:	Verified by:	Remedy #