North Carolina Department of Health and Human Services
Division of Public Health
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

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