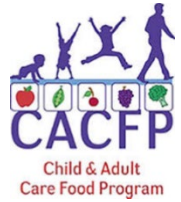


North Carolina Department of Health and Human Services
 Division of Child and Family Well-Being, Community Nutrition Services Section
 Child and Adult Care Food Program
Add, Drop, Change Form



Sponsor Name: _____

Agreement Number: _____ Date: _____

Sponsor e-mail or Fax #: _____

Signature of Authorized Representative _____

Page _____ of _____
 Adds _____ Terminated _____

Provider Name (or) Facility Name (Last Name, First Name)	Physical site address (Number/Street/City/Zip)	Site Number	Change Code				Modification Details		Approved Date (STATE AGENCY ONLY)
			A: Add	T: Terminate	M: Modifications	Ti: Tier Updates	Current	Updated Info	

*Submit all requests to SVC_SO_documentation@dhhs.nc.gov

None of the responsible principals or providers have been disqualified and none of the facilities have been terminated from participating in the CACFP

Approved by NC State Agency _____ Date: _____