



**Child and Adult Care Food Program  
 Program Update Form**

Sponsoring Organizations of Affiliated Centers

<b>Institution Name</b>				<b>Agreement #</b>	
<b>Facility Name</b>					
<b>Email Address</b>					
<b>Phone Number</b>			<b>Fax Number</b>		
<b>Institution Change:</b> (Check all that apply)					
<input type="checkbox"/>	Name Change	<input type="checkbox"/>	Address Change	<input type="checkbox"/>	Change in Program Contact (Ensure Statement of Authority is updated)
<input type="checkbox"/>	Federal ID Change	<input type="checkbox"/>	Telephone/Fax Number Change		
<input type="checkbox"/>	UEI Number Change	<input type="checkbox"/>	Change in Institution Type	<input type="checkbox"/>	Board of Directors
<input type="checkbox"/>	SAMS Registration Change	<input type="checkbox"/>	License Change	<input type="checkbox"/>	Termination of Institution
<input type="checkbox"/>	Other Institution Change:				
<b>Updated Documents:</b> (Check all that apply)					
<input type="checkbox"/>	Truth of Applications Names and Addresses	<input type="checkbox"/>	Management Plan (Ensure all related policies and procedures are updated)	<input type="checkbox"/>	Budget (Ensure Compensation Policy is updated)
<input type="checkbox"/>	Statement of Authority			<input type="checkbox"/>	Other document change
<input type="checkbox"/>	Monitoring Plan/Schedule	<input type="checkbox"/>	Policies	<input type="checkbox"/>	
<b>Meal Service Change:</b> (Check all that apply)					
<input type="checkbox"/>	Add meal service	<input type="checkbox"/>	Change meal service time	<input type="checkbox"/>	Other Meal Service Change
<input type="checkbox"/>	Drop meal service	<input type="checkbox"/>	Change meal service months/days	<input type="checkbox"/>	
<b>Facility Change:</b> (Check all that apply)					
<input type="checkbox"/>	Add Facility	<input type="checkbox"/>	Terminate Facility	<input type="checkbox"/>	Other Facility Change
<b>Other Changes:</b>					
<b>All changes to the application must be entered in NC CARES by the institution. Supporting documentation must be submitted for each request and entered in NC CARES. Email the CACFP Program Update form to your assigned Regional Consultant.</b>					
<b>Notes/Comments:</b>					

**Institution's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The institution certifies that the information in this request is true and correct, and that the institution will immediately report to the NC Child and Adult Care Food Program any changes that occur to the information submitted. The institution understands that deliberate submission of false information within the Institution's application may result in the denial of the application or termination of the agreement (as applicable) and disqualification of the Institution, the responsible principals, and the responsible individuals from the CACFP Program.

**NC CACFP State Agency Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NC CACFP State Agency Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_