



# CHILD AND ADULT CARE FOOD PROGRAM AFFILIATION DISCLOSURES

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

SFN 53379 (06/04)

Local Agency Name

**Instructions: Complete only part A if center is a church-based program or only part B if center is a homeless shelter.**

## A. Church Affiliation Certification

On behalf of \_\_\_\_\_, I certify that \_\_\_\_\_  
*(Name of church)* *(Name of center)*

has a direct affiliation with the above named church. The following statements of affiliation apply (mark all that apply):

- The center lists the church in its articles of incorporation.
- The center is considered an asset of the church (listed as an asset in the financial statement of the church).
- The center reports to the church regarding activities and/or financial activities.

Signature, Church Representative	Title	Date
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## B. Homeless Shelter Certification

Name of Shelter
Describe how the shelter will ensure that reimbursement will only be claimed for meals served to eligible children who reside at the shelter:
The primary purpose of this shelter is to temporarily house and provide meals to children and their parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature, Authorized Representative	Date
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