



**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.  
 Yes       No

Signature, Authorized Representative	Date
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