



## PARENT/GUARDIAN'S FORM FOR DECLINING A PROVIDER'S FOOD FOR INFANTS

All child care facilities (providers and centers) participating in the Child and Adult Care Food Program (CACFP) are required to offer meals that contain solid food to infants from four through eleven months of age according to state and federal guidelines. The attached infant meal pattern lists the food items offered by the infant's daycare home provider or childcare center.

As a parent/guardian, you have chosen to decline the provider's or center's offered food and will furnish a food item or items which meet the CACFP meal pattern requirements, unless your doctor has prescribed special food. Any food items provided by the parent/guardian must be in compliance with local health codes. **If your physician's prescribed food item(s) does not meet the CACFP requirements, you will need to have him/her complete the attached form (Physician's Letter for Declining Provider's Food).** Return the original to your provider or center. Please complete the form below in order to allow your provider or center to receive CACFP meal reimbursement. **(Provider: Please keep a copy in the child's file and forward the original to your CACFP sponsor.)**

<b>INFANT'S LAST NAME</b>	<b>INFANT'S FIRST NAME</b>
FOOD ITEM(S) PARENT/GUARDIAN CHOOSES TO PROVIDE	
PARENT/GUARDIAN'S REASON FOR FOOD SUBSTITUTION	
<b>PARENT/GUARDIAN'S SIGNATURE</b>	<b>DATE</b>
ADDITIONAL COMMENTS	
<b>PROVIDER/CENTER'S SIGNATURE</b>	<b>DATE</b>

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability.

**PHYSICIAN'S LETTER FOR DECLINING A PROVIDER'S FOOD**

<b>INFANT'S NAME</b>	<b>DATE</b>
PARENT'S NAME	
ADDRESS	
CITY, STATE, ZIP CODE	

Dear Physician,

The infant listed above is a participant in the Child and Adult Care Food Program (CACFP) which provides federal and state monies to help provide nutritious meals for children in child care centers and day care homes. Children with allergies/intolerances to certain foods, or whose physicians require them to have foods that are not listed on the CACFP meal pattern, are required by federal regulation to have a statement from their physician on file with the child care provider or center and CACFP sponsor.

Please see the attached infant meal pattern for a list of foods offered by the infant's daycare home provider or childcare center. If this child has food allergies or intolerances, please complete the information below recommending substitute foods. Please return the form to the parent.

Thank you for your assistance.

Sincerely,

Program Coordinator  
CACFP

<b>CACFP SPONSOR NAME</b>
ADDRESS
CITY, STATE, ZIP CODE
PHONE

**Physician: Please type or print in blue or black ink.**

<b>ALLERGIC TO OR INTOLERANCE OF</b>	<b>SUBSTITUTE FOOD(S)</b>
PHYSICIAN'S NAME (PLEASE PRINT)	
PHYSICIAN'S ADDRESS	
<b>PHYSICIAN'S SIGNATURE</b>	<b>DATE</b>