



PARENT/GUARDIAN'S FORM FOR DECLINING A PROVIDER'S INFANT FORMULA

All child care facilities (providers and centers) participating in the Child and Adult Care Food Program (CACFP) are required to offer at least one infant formula which meets the definition of infant formula according to federal guidelines, unless breast milk is being provided by the infant's mother. The provider or center has selected a formula that complies with the federal guidelines.

As a parent/guardian, you have chosen to decline the provider's or center's offered infant formula and will furnish a formula that meets the CACFP requirements for iron fortification and nutritional content, unless your doctor has prescribed a special formula. **If your physician's prescribed formula does not meet the CACFP requirements, you will need to have him/her complete the attached form.** 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.)**

INFANT'S LAST NAME	INFANT'S FIRST NAME
NAME OF FORMULA OFFERED BY PROVIDER OR CENTER	
PARENT/GUARDIAN'S REASON FOR FORMULA SUBSTITUTION	
NAME OF FORMULA PROVIDED BY PARENT/GUARDIAN	IS THIS FORMULA IRON FORTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT/GUARDIAN'S SIGNATURE	DATE
PROVIDER/CENTER RESPONSE TO PARENT/GUARDIAN'S REQUEST	
PROVIDER/CENTER'S SIGNATURE	DATE

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- (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

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 INFANT FORMULA

INFANT'S NAME	DATE
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 infant formulas, 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.

The child care provider or center is offering the infant formula _____. If this child is allergic or cannot tolerate the offered formula, please complete the information below recommending a substitute formula. Please return the form to the parent.

Thank you for your assistance.

Sincerely,

Program Coordinator
CACFP

CACFP SPONSOR NAME
ADDRESS
CITY, STATE, ZIP CODE
PHONE

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

ALLERGIC TO OR INTOLERANCE OF	SUBSTITUTE FORMULA
PHYSICIAN'S NAME (PLEASE PRINT)	
PHYSICIAN'S ADDRESS	
PHYSICIAN'S SIGNATURE	DATE