Parent/Guardian's Form for Declining a Provider's Infant Formula or Food

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 parent. The provider or center has selected a formula that complies with the federal guidelines. In addition, infants whom are developmentally ready to consume solid foods must be offered according to the CACFP meal pattern.

As a parent/guardian, you choose to decline the provider's or center's offered infant formula or food component and will furnish a formula or food component that meets the CACFP meal pattern requirements, unless your doctor has prescribed a special formula/food. **If your physician, physician assistant, or nurse practitioner's prescribed formula or food item(s) that does not meet the CACFP requirements, you will need to have them complete Form ID CNP 925 Medical Statement to Request Special Meals and/or Accommodations.** 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/Food Component Offered by Provider or Center

_____

Formula/Food Component Parent/Guardian Chooses to Provide

_____

If Formula, is it Iron Fortified? ☐ **Yes** ☐ **No**

Parent/Guardian's Reason for Substitution

Parent/Guardian's Signature **Date**

_____ _____

Provider/Center's 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. Email: program.intake@usda.gov

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