

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

U.S. Department of Agriculture (USDA) Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. Fax: (833) 256-1665 or 202-690-7442; or
3. Email: program.intake@usda.gov

This institution is an equal opportunity provider.