



Fluid Milk Substitute Request

Dear Parent/Guardian:

Congratulations! Your child care provider/facility participates in the Child and Adult Care Food Program (CACFP). Participating in CACFP means they care about good nutrition. They will introduce and serve a variety of nutritious foods for your child(ren) to eat and will serve foods appropriate to meet the nutritional requirements for his or her health and well-being. Depending upon the hours in care, your child care provider/facility may serve breakfast, morning snack, lunch, afternoon snack, supper, and/or evening snack.

Fluid milk is a required meal component for breakfast, lunch, and dinner. It is an optional component for snack. In the case of a participant who cannot consume fluid milk due to medical or other special dietary needs other than disability, non-dairy beverages may be served in substitution of fluid milk. CACFP requires the non-dairy substitute to be nutritionally equivalent to milk and meet the following nutritional standards.

Required Nutrients	Required Amounts Per Cup	% DV
Calcium	276 mg	28%
Protein	8 g	16%
Vitamin A	500 IU	10%
Vitamin D	100 IU	25%
Magnesium	24 mg	6%
Phosphorus	222 mg	22%
Potassium	349 mg	10%
Riboflavin	.44 mg	26%
Vitamin B-12	1.1 mcg	18%

If your child cannot consume fluid milk due to medical or other special dietary needs (other than a disability), please complete the following "Participant/ Parent/ Guardian Section" and return this completed form to your provider.

Parent/Guardian Section - Please Complete

(Participant's Name)

(Age)

(Substitute Requested)

Please describe the medical or other special dietary needs that restrict participant from consuming cow's milk:

Participant/Parent/Guardian Section - Continued

Please enter your requested product's nutritional requirements in the table below. It should be compared to the nutritional standards listed to show the nutritional equivalence is met or exceeded.

Required Nutrients	Required Amounts Per Cup	% DV	Per Cup or % DV in Substitute Product
Calcium	276 mg	28%	
Protein	8 g	16%	
Vitamin A	500 IU	10%	
Vitamin D	100 IU	25%	
Magnesium	24 mg	6%	
Phosphorus	222 mg	22%	
Potassium	349 mg	10%	
Riboflavin	.44 mg	26%	
Vitamin B-12	1.1 mcg	18%	

- I choose to provide the substitute product to my child's provider/child care facility. By providing a creditable milk substitute, I understand that the provider may receive meal reimbursement for the meal/snack served.
- I choose to not provide the substitute requested. I understand my provider/child care facility is not required, but has the discretion to, purchase and provide _____ as requested
(Name of Substitute)

Parent/Guardian Signature

Date

Provider Section- Please review the above nutrient analysis of the substitute requested by the parent/guardian and this section. Please keep this form on file.

I have determined the nutritional quality of the non-dairy milk substitute requested by comparing the requested substitute's nutritional values to the approved values. The substitution requested is:

CREDITABLE

NOT CREDITABLE

I understand that I have the discretion to purchase and provide a creditable substitute as requested, if the parent/guardian does not provide the non-diary milk substitute beverage. I understand I may only claim meal reimbursement for eligible meals.

Provider Signature

Date

This project is funded at least in part by USDA funds through the Michigan Department of Education and/or the Illinois State Board of Education. 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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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; (3) or email:program.intake@usda.gov.

Sponsor Use Only

Supervisor Signature

Date

- Approved
- Denied