

**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 mother. 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 him/her 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?	
PARENT/GUARDIAN’S REASON FOR SUBSTITUTION			
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) Email: program.intake@usda.gov

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