

Request for a Creditable Fluid Milk Substitute

Part 1: Background

Child and Adult Care Food Program (CACFP) operators may offer fluid milk substitutes to participants with dietary needs that are not disabilities based on a written request from a child's parent or guardian, an adult participant, a person on behalf of an adult participant, a State licensed healthcare professional, or a registered dietitian (RD). The written request must identify the reason for the substitute.

CACFP operators who choose to offer a fluid milk substitute for non-disability reasons are not required to offer the specific fluid milk substitute requested, but may offer the fluid milk substitute(s) of their choice (at no cost to the participant), provided it meets the nutrient requirements for fluid milk substitutes listed in [Title 7, Code of Federal Regulations \(7 CFR\), Part 226.20\(g\)\(3\)\(ii\)](#).

Households have the option to supply the fluid milk substitute at their own cost if it meets the nutrient requirements for fluid milk substitutes listed in [7 CFR, Part 226.20\(g\)\(3\)\(ii\)](#).

A participant with a disability, who requires a fluid milk substitute to accommodate their disability, may use this form instead of submitting a medical statement **only if** the beverage meets the minimum nutrient requirements for fluid milk substitutes listed in [7 CFR, Part 226.20\(g\)\(3\)\(ii\)](#).

A participant with a disability, who requires a fluid milk substitute that does not meet the minimum nutrient requirements for fluid milk substitutes (for example, oat beverage, water, juice), cannot use this form and must instead submit a medical statement signed by a State licensed healthcare professional or an RD. A medical statement template (Form ID CACFP 97) is available in the Child Nutrition Information and Payment System (CNIPS) Download Forms section in both English and Spanish.

Note: CACFP operators **must** make meal modifications for participants with a disability that restricts their diet and must do so at no cost to the participant.

For detailed information on meal modifications, components supplied from home, and medical statements, access the California Department of Social Services [Meal Modifications in the CACFP](#) web page.

Part 2: Completed by Person Requesting a Fluid Milk Substitute for the Participant

Name of institution/site:

Participant name:

Participant date of birth:

Name of person completing form:

Above person's telephone number:

Relationship of person completing form to participant:

Child's parent/guardian

Person acting on behalf of adult participant

Self (adult participant)

Other:

Identify the reason for the requested fluid milk substitute in the field below (for example, participant is vegan, participant has religious reasons to not consume dairy products, participant has a milk allergy).

The participant listed on this form is requesting a creditable fluid milk substitute due to the reason(s) stated above. This request will remain in effect until rescinded by the participant or until the CACFP operator chooses to stop offering a fluid milk substitute to participants who request a fluid milk substitute for a dietary need/preference (not a disability). CACFP operators must accommodate requests for fluid milk substitutes and all other meal modifications for participants who have a disability that affects their diet.

Signature of Person Completing Form

Date

Part 3: Completed by CACFP Operator (optional)

Who is providing the fluid milk substitute?

CACFP operator

Child's parent/guardian, adult participant, or person acting on behalf of adult participant

Type of fluid milk substitute (e.g., soy beverage):

U.S. Department of Agriculture 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.