California Department of Education Child and Adult Care Food Program Nutrition Services Division CACFP 12 (REV. 03/2018)



PARENT/GUARDIAN'S FORM FOR DECLINING A PROVIDER'S INFANT FORMULA

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.

As a parent/guardian, you have chosen to decline the provider's or center's offered infant formula and will furnish a formula that meets the CACFP requirements for iron fortification and nutritional content, unless your doctor has prescribed a special formula. If your physician's prescribed formula does not meet the CACFP requirements, you will need to have him/her complete the attached form (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 FIRS	ST NAME	
NAME OF FORMULA OFFERED BY PROVIDER OR CENTER			
PARENT/GUARDIAN'S REASON FOR FORMULA SUBSTITUTION			
NAME OF FORMULA PROVIDED BY PARENT/GUARDIAN		IS THIS FOR	MULA IRON FORTIFIED?
PARENT/GUARDIAN'S SIGNATURE		DATE	
PROVIDER/CENTER RESPONSE TO PARENT/GUARDIAN'S REQUEST			
PROVIDER/CENTER'S Name			
Provider Address			
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) E-mail: program.intake@usda.gov

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Note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability.