

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 FIRST 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 FORMULA IRON FORTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT/GUARDIAN'S SIGNATURE	DATE
PROVIDER/CENTER RESPONSE TO PARENT/GUARDIAN'S REQUEST	
PROVIDER/CENTER'S SIGNATURE	DATE

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter 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
- (2) Fax: 202-690-7442
- (3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

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