

CACFP Parent/Guardian Request for Fluid Milk Substitution

Name of child _____

Non-dairy milk substitution request

If your child cannot drink fluid cow's milk due to medical or other special dietary needs but does not have a diagnosed medical disability, your provider may choose, but is not required, to provide a non-dairy milk substitute that is nutritionally equivalent to cow's milk, based on your request. At this time, only two brands of non-dairy milk substitutes available in Washington meet the definition of being nutritionally equivalent to cow's milk: 8th Continent Soymilk (Original and Vanilla) and Pacific Ultra Soy (Plain and Vanilla).

By completing the information below, your child may be served one of these soy milks, provided by the center (if the center chooses), or provided by you.

Identify why your child needs a non-dairy milk substitute: _____

_____ I request my child be served the center provided soy milk as described above for meals that require milk.

_____ I will provide one of the soy milks described above for meals served to my child that require milk.

Providers are required to serve a milk substitution that is nutritionally equivalent to cow's milk if your child has a documented medical disability, diagnosed by a licensed physician, either a M.D. (Medical Doctor) or a D.O. (Doctor of Osteopathy). If your child has been diagnosed with a medical disability that prevents the child from consuming cow's milk or one of the soy milks listed above, submit a note from the physician identifying the following:

- 1) The child's disability
- 2) An explanation of why the disability restricts the child's ability to drink cow's milk or soy milk
- 3) The major life activity affected by the disability and
- 4) The food item that is to be substituted in place of cow's milk or soy milk

Cow's milk substitution request

Providers may choose, but are not required, to serve lactose free/reduced milk or organic milk to children in their care. If the provider does not serve these milks, the parent may bring the substituted milk for their child to consume while in care.

_____ I will provide 1% or non-fat lactose-free/reduced milk to be served in place of the milk served by the provider. (Whole lactose-free/reduced milk if the child is 12 – 24 months)

_____ I will provide 1% or non-fat organic milk to be served in place of the milk served by the provider. (Whole organic milk if the child is 12 – 24 months)

Signature of Parent/Guardian: _____ Date: _____