



PARENT REQUEST FOR MILK SUBSTITUTE

Family Child Care Food Program

13100 Brooks Drive, Ste. 100, Baldwin Park, Calif. 91706 | 626-338-4165

Provider's name: _____

Provider ID: _____

Dear parent: Your provider is required to serve whole milk to 1-year-old children, and 1% or fat-free milk to children 2 years or older. You may request a creditable non-dairy milk substitution for your child.

Nutrient requirements per 8 fl. oz. for milk substitutes*					
Protein	8g	Vitamin D	100 IU or 2.5 mcg	Potassium	349 mg
Calcium	276 mg	Magnesium	24g	Riboflavin	.44 mg
Vitamin A	500 IU or 150 mcg	Phosphorus	222 mg	Vitamin B-12	1.1 mcg

***See the back of this form for approved milk substitutes.**

Child's name:	
Date of birth:	
Approved non-dairy beverage to be served:	

The above listed child does not have a disability, but the parent/guardian is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate participants who drink fluid milk substitutions, such as soy milk, due to taste preferences. Options for Learning has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements.

This written statement will remain in effect until the parent/guardian revokes such statement or until the agency discontinues the fluid milk substitution option. Agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests. A child's parent or legal guardian must sign this form.

*Medical or other special dietary need requiring a fluid milk substitution:	
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**The information on this form should be updated, as needed, to reflect the current medical and/or nutritional needs of the child. See page 2 for more information.*

Print parent/guardian name: _____

Parent/guardian signature: _____ Date: _____

Provider's signature: _____ Date: _____

CREDITABLE NON-DAIRY BEVERAGES

Children with lactose intolerance or a dairy allergy can participate on the CACFP. They may be served:

1. Lactose-free or lactose-reduced milk

- No special form is needed as long as it's 1% or fat-free; whole for 1-year-olds.

2. A creditable non-dairy beverage

- Use [this](#) form;
- Non-dairy beverages are not required to be low-fat or fat-free;
- It must be unflavored.

3. A non-creditable non-dairy beverage, such as almond milk, rice milk, some pea protein milks, or other nut milks

- A signed Medical Statement must be on file.

These creditable non-dairy beverages may be served when there is a written and signed request from the parent/guardian. The request must include the reason for the substitution. Any reasonable request can be accepted (e.g., milk allergy/ intolerance, dietary preference, or religious, cultural, or ethical reasons).



Westsoy
**Original Plus
Plain Soy Milk**



Great Value
**Original
Soy Milk**



Silk
**Original
Soy Milk**



8th Continent
**Original
Soy Milk**



Sunrich Naturals
**Organic Original
Soy Milk**



Ripple
On-the-Go Original
8oz. container *ONLY*



Kikkoman
**Pearl Organic
Soy Milk Smart
Original**
8oz. container *ONLY*

Non-creditable non-dairy beverages: Beverages that do not meet or exceed the level of nutrients found in one cup of cow's milk (for example, almond, cashew, coconut, hemp, oat, and rice milks, water, and juice) cannot be served as a milk substitution unless a valid medical statement for a disability is on file.

This institution is an equal opportunity provider.