



Dedicated to protecting and improving the health and environment of the people of Colorado

### Child and Adult Care Food Program Milk Substitute Request Form

(Meal modifications are not an appropriate use of this form)

**Use only for a Milk Substitute.** This form will help you determine if the requested milk substitute meets the nutrient standards for non-dairy beverages outlined in the CACFP regulations 7 CFR 226.20(g)(3).

Participant's Name: \_\_\_\_\_ Participant's Age: \_\_\_\_\_

Substitute requested: \_\_\_\_\_

Fluid milk substitutes may be served in substitution of fluid milk for a participant who does not consume fluid cow's milk due to preference. If the milk substitute is dairy based, the substitute must be pasteurized, follow the same fat requirements as cow's milk, and meet the nutrition standards outlined below. The CACFP requires the fluid milk substitute to be nutritionally equivalent to milk and meet the following nutritional standards:

Nutrient	Amount per Cup (8 fl oz)	% DV
Calcium	276 mg	28%
Protein	8 g	16%
Vitamin A	500 IU	10%
Vitamin D	100 IU	25%
Magnesium	24 mg	6%
Phosphorus	222 mg	22%
Potassium	349 mg	10%
Riboflavin	0.44 mg	26%
Vitamin B-12	1.1 mcg	18%

#### Participant/Parent/Guardian Section

- I choose to provide the substitute I requested to my provider. By providing a creditable milk substitute, I understand that my provider may receive meal reimbursement for the participant.
- I choose not to provide the substitute requested. I understand that my provider is not required, but has the discretion, to purchase and provide a creditable milk substitute as requested.

Participant/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Provider Section

Complete this section and the nutrient analysis of the substitute requested by the parent/guardian.

- I have determined the nutritional quality of the non-dairy milk substitute requested. The substitute requested is: **(Circle one)** CREDITABLE NOT CREDITABLE
- I understand I have the discretion to purchase and provide a creditable substitute, as requested, if the parent does not provide the milk substitute. I understand I may only claim meal reimbursement for eligible meals.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Nondiscrimination Statement

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