Soy Milk Request Notification Form

Soy Mink Request Notification Form		
Provide	ler's Name:	
Partici	ipant's Name:	Participant's Age:
	arents or guardians of children ages 1 year and older or adult particip	
Tutor V reimbur Require	care provider participates in the Child and Adult Care Food Program (CA World, Inc. and is funded by the United States Department of Agrarsement for healthy meals prepared and served by your provider. Your rements and is required to provide specific food groups in specific quanteals served. The required CACFP food groups are: milk, bread/bread atte.	iculture (USDA). The CACFP provides provider follows the USDA Meal Pattern tities in order to receive reimbursement for
with warent,	allows providers participating in CACFP to serve approved soy milks written notification from the parent, guardian or adult participant. Providence, guardian, or adult purchases and provides an approved soy milk along counts as written notification.	ders may also claim reimbursement if the
USDA-	-APPROVED SOY MILKS	
formula	recognizes seven soy milks as allowable substitutions for cow's milated to be nutritionally equivalent to cow's milk. The following soy me substituted for milk as part of reimbursable CACFP meals.	· · · · · · · · · · · · · · · · · · ·
	airy beverages served to children ages one through five years old must be ored varieties:	unflavored due to the higher sugar content
•	o continent original boy with	re Foods Silk® Original Soymilk ne Regular Soymilk
	airy beverages served to <u>children ages six years and older</u> may be flavore above, flavored soy milks that meet the nutritional standards found in cow	· · · · · · · · · · · · · · · · · · ·
•	Pacific Natural Ultra Soy Milk, Vanilla Kikkoman Pearl Organic Soymilk Smart, Creamy Vanilla Kikkoman Pearl Organic Soymilk Smart, Chocolate	
Provid	der-Supplied Soy Milk:	
·	would like the USDA-approved soy milk listed above to be served ixes below and return this form to your care provider.	n place of cow's milk, <mark>please check one of</mark>
[]	I will ACCEPT THE PROVIDER-SUPPLIED soy milk as part of t	he meal.
[]	I will <u>PURCHASE ONE OF THE APPROVED SOY MILKS ON MY OWN</u> and bring it to my provider to be served with meals. I understand that my provider cannot receive reimbursements for meals served if I bring an unapproved brand of soy milk or other non-dairy beverage.	
Signatu	ure of Parent or Guardian or Adult Participant	Date

Printed Name of Parent or Guardian or Adult Participant

NOTE: If you or your child has a special dietary need and a medical authority requires a non-dairy milk substitute that is NOT listed on this form, please ask your care provider for a Medical Substitution Form