

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, the following brands of **non-dairy beverages** for children ages 2-5 years are available in New Mexico and meet the definition of being nutritionally equivalent to cow's milk: 8th Continent Soymilk (Original), Pacific Ultra Soy (Original), Kirkland Organic Soymilk (plain), Silk Original Soymilk, and Great Value Original Soymilk.

Children 6 years and older and adults may be served **flavored non-dairy beverages**. The flavored non-dairy beverages that are nutritionally equivalent to cow's milk include: Kikkoman Pearl Organic Smart Soymilk (vanilla and chocolate) in 8-fluid ounce single-serving container only; 8th Continent Soymilk (vanilla); and, Pacific Ultra Soy (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 which require milk.

____ I will provide one of the soy milks described above for meals served to my child which require 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. No documentation is needed for either type of milk. If the provider does not serve these, 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 _____

October, 2016