



Community Child Care Council of Sonoma County
131-A Stony Cir, Suite 300, Santa Rosa, CA 95401 (707) 544-3077

PARENT'S FORM FOR DECLINING A PROVIDER'S FORMULA

All child care facilities (providers) participating in the Child and Adult Care Food Program (CACFP) are required to offer at least one infant formula which meets the definition of infant formula according to State and Federal guidelines, unless breast milk is being provided by the infant's mother. The provider has selected a formula which complies with the Federal guidelines.

As a parent, you have chosen to decline the provider's offered formula and will furnish a formula, which meets the CACFP requirements for iron fortification and nutritional content, unless your doctor has prescribed a special formula. Please complete the form below in order to allow your provider to receive CACFP meal reimbursement.

INFANT'S NAME: _____		
NAME OF FORMULA OFFERED BY PROVIDER:	_____	_____
NAME OF FORMULA PROVIDED BY PARENT:	_____	
IS THIS FORMULA IRON-FORTIFIED?	YES	NO

PARENT'S SIGNATURE _____ DATE _____

PROVIDERS' RESPONSE TO PARENTS REQUEST:	_____	_____
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PROVIDER'S SIGNATURE _____ DATE _____

(Provider: Please keep a copy in the child's file and forward the original to the CACFP Sponsor.)

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