CACFP INFANT MEAL OFFER FORM

Facility or Provider Name: 

Iron-Fortified Infant Formula Offered: 

Please note: This form must be completed for each infant enrolled for care. Revise this form whenever the mother discontinues breastfeeding, the facility or provider changes the brand of formula provided, the parent changes decision about provision of formula, or the infant is ready to begin semi-solid/solid foods. Remember low iron formula supplied by the facility or provider cannot be reimbursed without a medical statement, and cow’s milk is not allowed under 1 year of age without a medical statement.

Infant Name: Date of Birth: 

Check one of the options below for formula (formula must be listed above before completing):

☐ I accept the above named formula for my infant.

☐ I decline the above named formula for my infant and I will provide the formula.

☐ I decline the above named formula for my infant and I will provide breast milk.

☐ I accept the above named formula to supplement breast milk.

☐ I decline the above named formula to supplement breast milk and I will provide the formula.

_________________________________________  ______________________________
Parent’s Signature                        Date

Check one of the options below for infant starting on semi-solid/solid foods:

My infant is developmentally ready to be served semi-solid/solid foods, starting at _____.

☐ I accept the semi-solid/solid foods for my infant.

☐ I decline the semi-solid/solid foods for my infant and I will provide the semi-solid/solid foods for my infant.

_________________________________________  ______________________________
Parent’s Signature                        Date

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