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):
l accept the above named formula for my infant.
l decline the above named formula for my infant and <u>I will provide the formula</u> .
I decline the above named formula for my infant and I will provide breast milk.
l accept the above named formula to supplement breast milk.
decline the above named formula to supplement breast milk and <i>I will provide the formula</i> .
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 (list age or date to begin)
accept the semi-solid/solid foods for my infant.
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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through Federal Relay Service (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.