



Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

## Parental Request for a Nondairy Milk Substitution

Dear Parent,

Your child, \_\_\_\_\_, is a participant in the USDA's Child and Adult Care Food Program (CACFP). This program provides Federal funds to supply nutritious meals for children in a licensed, or Trustline approved child care home. **The USDA Meal Pattern requirements include that a child 2 years or older be served 1% or nonfat cow's milk. Children between the ages of 1 to 2 years must be served whole milk.**

Parents that prefer to have their child receive a nondairy milk substitute are required to have a signed written request on file with the child care provider and the sponsor of the program (FRAMAX). All nondairy substitutions must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrient levels found in cow's milk. These nutritional requirements are (per cup):

Nutrient	Requirements as Stated in Federal Regulations (Per cup)	Reference Daily Intake (RDI)	%RDI*
Calcium	276 mg	1000 mg	27.60%
Protein	8 g*	50 g	N/A
Vitamin A	500 IU	5000 IU	10.0%
Vitamin D	100 IU	400 IU	25.0%
Magnesium	24 mg	400 mg	6.0%
Phosphorus	222 mg	1000 mg	22.2%
Potassium	349 mg	3500 mg	10.0%
Riboflavin	0.44 mg	1.7 mg	25.90%
Vitamin B-12	1.1 mcg	6 mcg	18.30%

\*An acceptable milk substitution must contain, at a minimum, the amounts in the percentage RDI column.

**Please complete the form (on reverse).** You must specify the type and brand of milk substitute that the child is to be served in place of cow's milk. This information will allow your child care provider to serve the requested substitution and still be reimbursed for the meal. Your assistance in providing this information is greatly appreciated.

**Important note:** If this nondairy substitute is the result of a disability, allergy, and/or special dietary need, documented by a recognized medical authority, then do not complete this form. Instead, complete the [Medical Statement to Request Special Meals and/or Accommodations](#) form.

Questions or concerns about this form? Contact FRAMAX at [support@framax.net](mailto:support@framax.net), or 1-800-755-4792.

**This section is to be completed by the Parent/Guardian and Child Care Provider**

Child's name: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Child is not to have the following: 1% or nonfat cow's milk

In place of cow's milk, the child must have the following milk substitute,

Type of milk substitute: \_\_\_\_\_

Brand of milk substitute: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*As the Parent/Guardian, your signature indicates that the nondairy milk substitute meets the nutritional requirements specified on the reverse side of this form.*

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this form you, as the child care provider, understand that all nondairy substitutes must meet the fortification and nutritional requirements specified on the reverse side of this form. You also understand that you will maintain this documentation in the home for review during any announced or unannounced home review.*

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability.