

CCNi

Child Care & Nutrition, Inc.

Child & Adult Care Food Program • 800-634-3359

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CACFP Decline (Non-Use)

Dear Parent(s),

Your child is entitled to be enrolled and receive benefits of the Child and Adult Care Food Program (CACFP) through your provider.

Benefits include

1. **Meals served to your children at no extra charge**
2. **Provider supplies at least one type of Iron-Fortified Infant Formula (you may opt to bring a different type than offered or breast milk, if preferred. Your provider will supply all other infant foods)**
3. **Your child receives nutritious meals that meets USDA guidelines. See brief meal pattern guidelines below. (Please refer to USDA printed guide for more detailed information on portion sizes and meal pattern requirements)**

Breakfast for 1-12 year olds	Lunch/Supper for 1-12 year olds	Snack for 1-12 year olds (choose two)
Milk Fruit or vegetable (1 serving) Grains/Breads	Milk Fruit or vegetable (2 servings) Grains/Breads Meat or Meat Alternate	Milk Fruit or vegetable (1 serving) Grains/Breads Meat or Meat Alternate
Infant Breakfast 0-3 months	Infant Lunch/Supper 0-3 months	Infant Snack Guidelines 0-3 months
Iron-Fortified Infant Formula (IFIF) or Breast Milk	Iron-Fortified Infant Formula (IFIF) or Breast Milk	Iron-Fortified Infant Formula (IFIF) or Breast Milk
Infant Breakfast 4-7 months	Infant Lunch/Supper 4-7 months	Infant Snack 4-7 months
Iron-Fortified Infant Formula (IFIF) Or Breast Milk OPTIONAL: Iron-Fortified Infant Cereal (IFIC) Fruit or Vegetable	Iron-Fortified Infant Formula (IFIF) Or Breast Milk OPTIONAL: Iron-Fortified Infant Cereal(IFIC) Fruit or Vegetable	Iron-Fortified Infant Formula (IFIF) Or Breast Milk
Infant Breakfast 8-12 months	Infant Lunch/Supper 8-12 months	Infant Snack 8-12 months
Iron-Fortified Infant Formula (IFIF) Or Breast Milk Fruit/Vegetable (no juice) Iron-Fortified Infant Cereal (IFIC)	Iron-Fortified Infant Formula (IFIF) Or Breast Milk Fruit/Vegetable (no juice) Iron-Fortified Infant Cereal (IFIC) And/Or Meat/Meat Alternate	Iron-Fortified Infant Formula (IFIF) Or Breast Milk, or Fruit Juie OPTIONAL: Crusty Bread or cracker

IF YOU DO NOT WISH TO HAVE YOUR CHILD PARTICIPATE IN THE CACFP, PLEASE INDICATE AS SUCH BELOW:

“I have been notified of the benefits of the Child and Adult Care Food Program (CACFP) and **do not wish** my child(ren) to participate because...”:

Name(s) of Children Exempt from the program

Birthdate

Parent’s Signature:

Date:

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