



CACFP Parent/Guardian Request for Fluid Milk Substitution

Provider Name: _____ Provider ID: _____

Child Name: _____ Child Birthdate: _____

Reason for substitution: _____

Parents or Guardians may request in writing for a non-dairy beverage substitution to be served for their child with special dietary needs without providing a medical statement. The non-dairy beverage offered must be nutritionally equivalent to milk and meet the nutritional standards set by the United States Department of Agriculture (USDA). At this time, there are several products available in Minnesota that meet the USDA regulations and they are listed below.

Other non-dairy beverages (almond milk, cashew milk, coconut milk, rice milk, flax milk, water, juice, etc.) are not acceptable at this time unless the child qualifies for the Special Diet Statement for a Participant with a Disability. If the child is over 6 years of age and needs a flavored soymilk please contact our office.

_____ 8th Continent – Original Soymilk

_____ Kikkomen – Pearl Organic Soymilk Smart Original

_____ Pacific Foods – Ultra Soy Original

_____ Silk – Silk Original Soymilk

_____ Sunrich Naturals – Organic Soymilk OR All Natural Organic Soymilk

_____ Walmart – Great Value Original Soymilk

_____ Westsoy – Organic Plus Plain

_____ I, the provider or parent (please circle), will provide the soymilk substitute marked above that meets the nutritional standards and has been approved by the USDA and Minnesota Department of Education (MDE). The provider may serve the soymilk substitute and still claim all meals and snacks served to the child.

_____ I, the provider or parent (please circle), will provide _____ which is an unapproved non-dairy substitute for my child and both the provider and I understand that the provider cannot claim and be reimbursed for breakfast, lunch, dinner, and any snacks where milk is one of only two components served to my child (unless I obtain a Special Diet Statement for a Participant with a Disability signed by the proper medical authority).

Signature of Parent or Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____