

Michigan Department of Education
Child and Adult Care Food Program

Fluid Milk Substitute Request

Dear Parent/Guardian/Participant:

Congratulations! Your provider participates in the Child and Adult Care Food Program (CACFP). Participating in CACFP means the provider cares about good nutrition. The provider will introduce and serve a variety of nutritious foods for participants to eat and will serve foods appropriate to meet nutritional requirements for participants' health and well-being. Depending upon the hours in care, your provider will be serving breakfast, morning snack, lunch, afternoon snack, supper and/or a late snack.

Fluid milk is a required meal component for breakfast and lunch. (For CACFP participants, fluid milk is also required to be served during supper for children.) It is an optional component for a snack. In the case of a participant who cannot consume fluid milk due to medical or other special dietary needs other than disability, non-dairy beverages may be served in substitution of fluid milk. CACFP requires the non-dairy milk substitute to be nutritionally equivalent to milk and meet the following nutritional standards:

Required Nutrients	Required Amounts Per Cup	%DV
Calcium	276 mg	28%
Protein	8 g	16%
Vitamin A	500 IU	10%
Vitamin D	100 IU	25%
Magnesium	24 mg	6%
Phosphorus	222 mg	22%
Potassium	349 mg	10%
Riboflavin	0.44 mg	26%
Vitamin B-12	1.1 mcg	18%

If you (participant) or your family member (parent/guardian) cannot consume fluid milk due to medical or other special dietary needs (other than a disability), please complete the following "Participant/Parent/Guardian Section" and return this completed form to your provider.

Participant/Parent/Guardian Section - Please Complete

Participant's Name:	Age:	Substitute Requested:
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Please describe the medical or other special dietary need that restricts participant from consuming cow's milk:

Participant/Parent/Guardian Section - Continued

Please enter your requested product's nutritional requirements in the table below. It should be compared to the nutritional standards listed to show the nutritional equivalence is met or exceeded.

Required Nutrients	Required Amounts Per Cup	%DV	Per Cup or %DV in Substitute product
Calcium	276 mg	28%	
Protein	8 g	16%	
Vitamin A	500 IU	10%	
Vitamin D	100 IU	25%	
Magnesium	24 mg	6%	
Phosphorus	222 mg	22%	
Potassium	349 mg	10%	
Riboflavin	0.44 mg	26%	
Vitamin B-12	1.1 mcg	18%	

I choose to provide the substitute product to my provider. By providing a creditable milk substitute, I understand that the provider may receive meal reimbursement for the meal/snack served.

I choose to not provide the substitute requested. I understand the provider is not required, but has the discretion to, purchase and provide _____ as requested.
(Name of Substitute)

Parent/Guardian Signature

Date

Provider Section – Please complete the above nutrient analysis of the substitute requested by the parent/guardian and this section. Please keep this form on file.

I have determined the nutritional quality of the non-dairy milk substitute requested by comparing the requested substitute's nutritional values to the approved values. The substitute requested is:

CREDITABLE **NOT CREDITABLE**

I understand I have the discretion to purchase and provide a creditable substitute, as requested, if the participant/parent/guardian does not provide the non-dairy milk substitute beverage. I understand I may only claim meal reimbursement for eligible meals.

Provider's Signature

Date

Non-Discrimination Statement

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