

## Child and Adult Care Food Program (CACFP) Fluid Milk Substitution Request Form



Participant does not have a disability/medical condition but is requesting a fluid milk substitution that meets USDA nutrient standards for non-dairy beverages.

**Non-Creditable Non-Dairy Beverages include:** Almond, cashew, coconut, hemp, oat, pea, and rice milks do not contain enough protein to be a creditable non-dairy beverage. Water and juice are also not creditable non-dairy beverages. Non-creditable non-dairy beverages cannot be served as a milk substitution. **These beverages require a completed CACFP Request for Special Meals and/or Accommodations form.**

Enter the name of the requested product and the product's nutritional requirements in the table below. It must be compared to the nutritional standards listed to show the nutritional equivalence is met or exceeded.

**Requested Product Name:** \_\_\_\_\_

| 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% |                                      |

Creditable

Not Creditable

Date verified: \_\_\_\_\_

- 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 fluid milk substitutions as requested.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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