REQUEST FOR A FLUID MILK SUBSTITUTION

NAME OF AGENCY	NAME OF SITE	SITE TELEPHONE NUMBER
PARTICIPANT'S NAME		DATE OF BIRTH
NAME OF PARENT/LEGAL GUARDIAN **OR** ADULT HOUSEHOLD MEMBER		TELEPHONE NUMBER

The above listed participant does not have a disability, but the legal guardian or adult household member is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate participants who drink fluid milk substitutions such as soy milk due to taste preferences. The Child and Adult Care Food Program agency has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for participants with medical or special dietary needs that **do not** rise to the level of a disability.

This written statement will remain in effect until the legal guardian or adult household member revokes such statement or until the agency discontinues the fluid milk substitution option. Agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests. **A child's parent or legal guardian must sign this form.**

MEDICAL OR OTHER SPECIAL DIETARY NEED REQUIRING A FLUID MILK SUBSTITUTION

(**CHILD CARE**) SIGNATURE OF PARENT/LEGAL GUARDIAN	(**CHILD CARE**) PRINTED NAME OF PARENT/LEGAL GUARDIAN	DATE
(**ADULT DAY CARE**) SIGNATURE OF PARTICIPANT/ADULT HOUSEHOLD MEMBER	(**ADULT DAY CARE**) PRINTED NAME OF PARTICIPANT/ADULT HOUSEHOLD MEMBER	DATE

The information on this form should be updated, as needed, to reflect the current medical and/or nutritional needs of the child.

U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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) Email: program.intake@usda.gov

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