



Name: _____	Provider #: <i>(if applicable)</i> _____
Site Name: _____	Site #: _____ <i>(3 digits)</i>
Address: _____	
City: _____	State: <u>TX</u> Zip: _____

The infant formula provided by this provider/site:	Today's Date:
---	----------------------

This provider/site participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires providers/sites to follow specific meal patterns according to the age of the infant.

Providers/Sites participating in the CACFP are required to make available and offer at least one infant formula that meets CACFP requirements. However, providers/sites are not required to satisfy the unique formula needs of every infant. Parents (or guardians) may decline the infant formula offered by the provider/site and supply the infant's formula.

Please check your preference <i>(choose all that apply)</i>	0 – 5 months	6 – 11 months
I will bring expressed breast milk for my infant	<input type="checkbox"/>	<input type="checkbox"/>
I want the provider/site to provide the infant formula for my infant	<input type="checkbox"/>	<input type="checkbox"/>
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring:	<input type="checkbox"/>	<input type="checkbox"/>

According to CACFP requirements, in order to claim meals for reimbursement, **the provider/site must provide infant cereal and other foods** when your infant is developmentally ready to accept them.

Infants that are not on iron fortified formula and/or infant foods that are not CACFP program requirements must have a doctor's note on file.

Please check your preference	0 – 5 months	6 – 11 months
I want the provider/site to provide the infant cereal and other foods for my infant	<input type="checkbox"/>	<input type="checkbox"/>
I will bring the infant cereal and/or other foods for my infant and have not enrolled my child in the CACFP	<input type="checkbox"/>	<input type="checkbox"/>

Parent's (or guardian's) Signature: _____ Date: _____

1. This form should be kept on file for each infant enrolled for childcare.
2. This form should be kept current and accurate for each infant enrolled for childcare until the infant reaches one year of age.
3. If the parent (or guardian) declines the formula and the provider/site provides meal and/or snack components, the meal may be claimed for reimbursement.
4. If the parent (or guardian) declines infant meals/snacks, meals and snacks may NOT be claimed for reimbursement.