Child and Adult Care Food Program (CACFP) Infant Feeding Approval Section Optional

Parent Decline Section

	s all infant food and/or forn	I Adult Care Food Program nula. Center/Home will not clai	im any infant meals.)	
		fant and claim for reimburseme	ent	
Parent/guardian	to check off and initial food	d/formula below)		
Center/Provid	der Name:			
Infant's Name			DOB	
Dear Parent/Guardia	n,			
Pattern. When your with table food items Please check child. You may check	child becomes of age to so. (✓) the appropriate for (✓) more than one it for the choice and the	ood items that you would	ood items will be replaced like us to serve to your (Parent provided)	
		· · · · · · · · ·		
Iron Fortified Dry Cereal	<u>Vegetables</u> Carrots	<u>Fruits</u> Applesauce	<u>Meat/ Meat</u> <u>Alternate</u>	
Rice	Green Beans	Applesauce Bananas	Chicken/Turkey	
Oatmeal	Sweet Potatoes	Peaches	Beef	
Barley	Peas	Pears	Other (Meat	
Other (Breads/	Squash	Plums	Alternates):	
Crackers):	Other:	Other:		
	Other:	Other:		
by a medical statemen special need and provi- eating a regular center	t signed by a recognized des a list of food substitu diet.	n the CACFP infant meal pat I medical authority, which e utions or modifications. This _ Parent Signature	xplains the reason for the s would include infants Date	
		Staff Signature	Date	

This institution is an equal opportunity provider.