

**Alternate Milk Request for Participants Enrolled  
in the Child and Adult Food Program**

This Alternate Milk Request form is to be used by parents/guardians who are requesting a non-dairy milk substitute for their child. This form must be:

- Submitted to the child care before any meal modifications will be made
- Updated whenever the participant's diagnosis or special diet changes

The Child and Adult Care Food Program (CACFP) regulations require a non-dairy milk substitute that is nutritionally equivalent to cow's milk be provided to participants with a non-disabling medical condition.

The first choice for milk substitution will be a lactose free milk product. Juice and water are not nutritionally equivalent to cow's milk and cannot be used as a substitute.

Alternate milk requests will be evaluated on a case-by-case basis. A provider may accommodate reasonable requests but is NOT required to do so.

**Alternate non-dairy milk substitute selection**

This center provides (check appropriate product):

The parent/guardian agrees to provide the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Lactose free milk<br><input type="checkbox"/> 8 <sup>th</sup> Continent soy milk<br><input type="checkbox"/> Kikkoman Pearl Organic soy milk – Creamy Vanilla<br><input type="checkbox"/> Kikkoman Pearl Organic soy milk – Chocolate<br><input type="checkbox"/> Pacific Brand Ultra Soy Milk - Plain and Vanilla | <input type="checkbox"/> Lactose free milk<br><input type="checkbox"/> 8 <sup>th</sup> Continent soy milk<br><input type="checkbox"/> Kikkoman Pearl Organic soy milk – Creamy Vanilla<br><input type="checkbox"/> Kikkoman Pearl Organic soy milk – Chocolate<br><input type="checkbox"/> Pacific Brand Ultra Soy Milk - Plain and Vanilla |
|---|---|

**PART 1: Participant's information: parent or guardian must complete - please print**

Participant's Name: Last / First / Middle Initial

Date of Birth

Parent / Guardian's Name

Today's Date

**Part 2: Justification Section – Check the appropriate box**

The participant named above is unable to consume cow's milk because:

- Lactose intolerance
- Allergy that does not result in a life threatening reaction (anaphylactic)
- Religious/Cultural belief
- Other (explain):

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."