

Milk Substitution Request Form (For non-dairy beverages only) Parent Request Soy milk only

Instructions:

Part A: 1. – 6. General Information: Complete the information as directed.

7. Check One: Check (v) a box to indicate whether a participant has a disability or non-disability that creates a need for a fluid milk substitute. The appropriate authority must sign based on the request.

Part B: Parent request for non-dairy substitution

Describe the reason or condition that requires a non-dairy milk substitute. List requested substitutions. The institution will select a **(soy) drink that meets USDA nutritional requirements for a non-dairy substitution**. Generally, soy drinks are the only non-dairy substitution that may contain sufficient protein to meet part of the USDA nutritional requirements for non-dairy substitutes.

13.– 21. Signatures/Contact Information: Complete this information as directed.

Part A: General Information			
1. Day Care provider Name	2. Facility name	3. Provider Telephone Number	
4. Name of Child			
5. Name of Parent or Guardian		6. Telephone Number	
7. <input type="checkbox"/> The child does not have a disability . A fluid milk substitution is being requested for the child. Institutions participating in federal nutrition programs <i>may choose</i> to accommodate this request by providing a USDA approved fluid milk substitute. A reason other than parental preference must be given (The lifestyle of Vegan is acceptable). A <i>parent, or guardian</i> must sign this form. (complete Part B)			
Part B. NON-DISABILITY SUBSTITUTION REQUEST: -A parent/guardian or medical authority should complete the following information			
8. <input type="checkbox"/> If child does not have a diagnosed disability, request substitution for fluid cow's milk due to allergy, Lactose Intolerance, Religious needs, Vegan Diet (no milk, eggs, cheese, meat). State reason for request.			
8a. Instead of cow's milk, please provide the following substitute (check one):			
<input type="checkbox"/> Lactose free cow's milk <input type="checkbox"/> Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations			
Parent Signature	Parent Printed Name	Phone Number	Date

USDA Guidelines for Accommodating Special Dietary Needs

Disability-Institutions and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Non-disability-Institutions and agencies participating in federal nutrition programs **may** comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition for other participants must be accommodated.

Fluid Milk Substitutions-Fluid milk substitutions apply to non-disability requests. Institutions and agencies participating in the federal nutrition program **may** accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one child requesting a fluid milk substitute, accommodations must be made for all children requesting a fluid milk substitute.