

# PARENTAL REQUEST FOR A NON-DAIRY FLUID MILK SUBSTITUTE

## Part 1

1. Name of Sponsoring Agency <b>CATALYST COMMUNITY</b>	2. Name of Child Care Provider	3. Child Care Provider Phone Number
4. Name of Child		5. Date of Birth
6. Name of Parent/Guardian		7. Parent/Guardian Phone Number
<p>8. The above listed child does not have a disability, but is requesting a fluid milk substitute due to a medical or other special dietary need. (This form is not intended to accommodate children who drink fluid milk substitutions such as soy milk due to taste preferences.) The Child Care Provider 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 children with medical or special dietary needs that <b>do not</b> rise to the level of a disability.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the Child Care Provider discontinues the fluid milk substitution option. <b>The child's parent or legal guardian must sign this form.</b></p>		
9. Medical/Special Dietary Need requiring Fluid Milk Substitution		
10. Signature of Parent/Guardian	11. Printed Name of Parent/Guardian	12. Date

## Part 2

<b>To be completed by Child Care Provider</b> (please initial where appropriate)	
	I WILL provide the following non-dairy beverage which meets the USDA approved nutrient standards for a milk substitute: (list substitute)
	I have chosen NOT to provide a non-dairy beverage for substitution of fluid milk.

<b>To be completed by parent/guardian</b> (complete and initial next to your appropriate choice)	
	I request that my child is served the USDA approved milk substitute that is to be provided by my Child Care Provider as noted above.
	I am aware that my Child Care provider is NOT providing a non-dairy beverage as a substitute for fluid milk. I will provide the following USDA approved milk substitute: (list substitute)
Signature of Parent/Guardian:	Date:

**\*A Person with a Disability\*** is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**\*Physical or mental impairment\*** means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**\*Major life activities\*** are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

**\*Has a record of such an impairment\*** is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

(\*Citations from Section 504 of the Rehabilitation Act of 1973)

(SEE OVER ↓)

<b>Minimum Nutrient Levels for Approved Milk Substitutes</b>	
<b>Nutrient</b>	<b>Nutrient Levels per Cup (8 Oz.)</b>
<b>Calcium:</b> Builds healthy bones and teeth; maintains bone mass	276 mg.
<b>Protein:</b> Serves as a source of energy; builds/repairs muscle tissue	8 grams
<b>Vitamin A:</b> Maintains the immune system; helps maintain normal vision and skin	500 IU
<b>Vitamin D:</b> Helps maintain bones	100 IU
<b>Magnesium:</b> Regulates muscle and nerve function	24 mg.
<b>Phosphorus:</b> Helps strengthen bones and generate energy	222 mg.
<b>Potassium:</b> Helps maintain a healthy blood pressure	349 mg.
<b>Riboflavin:</b> Converts food into energy	.44 mg.
<b>Vitamin B-12:</b> Keeps the body's nerve and blood cells healthy	1.1 mcg.

<b>Approved Non-Dairy Milk Substitutes</b>	
<b>Brand</b>	<b>Flavors</b>
<b>Kirkland Organic Soymilk</b>	Plain and Vanilla
<b>WestSoy Organic Soymilk</b>	Plain
<b>Silk Original Soymilk</b>	Original and Vanilla
<b>8th Continent Soymilk</b>	Original and Vanilla
<b>Pacific Natural Foods Ultra Soy</b>	Plain and Vanilla
<b>Kikkoman PEARL Organic Soymilk (Smart varieties ONLY)</b>	Creamy Vanilla and Chocolate
<b>Walmart Great Value Original Soymilk</b>	Plain
<b>Commercial Goat's Milk</b>	Goat's milk must be pasteurized and low-fat (1 percent or fat free/skim)

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Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service by phone at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope etc.), please contact the USDA's TARGET center at (202) 720-2600 (voice and TDD).

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