



Spokane County Head Start/ECEAP/EHS CACFP PARENT/GUARDIAN REQUEST FOR FLUID MILK SUBSTITUTION

Spokane County Head Start/ECEAP/EHS is committed to providing high quality and healthy food choices for all children. If your child has a special, non-life threatening diet need, we will consider a parent request for fluid milk substitution. The Child and Adult Care Food Program (CACFP) have set standards for the foods we serve and we are mandated to follow them.

Non-dairy milk substitution request

At this time, only four brands of non-dairy milk substitutes are available in Washington that meet the definition of being nutritionally equivalent to cow's milk:

1. 8th Continent Soymilk (Original or Vanilla)
2. Pacific Ultra Soy (Plain or Vanilla)
3. Great Value Original Soymilk from WalMart (red top only)
4. Kirkland Organic Soymilk (Plain)

By completing the information below, your child will be served a fluid milk substitution.

Name of participating child: _____ Date of birth: _____

Identify why your child requires a non-dairy milk substitute (for example: milk intolerance, vegetarian or religious restriction):

I request that my child be served one of the available soy beverages. All other foods on the menu made with milk may be offered including items: like pizza, yogurt, cheese sticks, cottage cheese and macaroni and cheese.¹

OR

I will provide an unapproved non-dairy milk substitute for my child. I understand that Head Start/ECEAP/EHS cannot claim meals that require milk unless my child has a documented medical disability, diagnosed by a licensed physician, either a M.D. or a D.O.

For vegetarian/religious restrictions, please list the foods your child should not be offered:

OR

Other fluid milk substitution requests

I request that my child be served one of the below listed milk substitutions. All other foods on the menu made with milk may be offered including items like pizza, yogurt, cheese sticks, cottage cheese, and macaroni and cheese.¹

1% Lactose-reduced milk (whole for children 12-24 months) Lactose-free milk (whole for children 12-24 months)

I will provide 1% or nonfat organic milk to be served in the place of the milk served by HS/EHS (whole for children 12-24 months)

¹If your child cannot consume these foods, a physician must complete the Milk Allergy/Intolerance Information form.

Signature of Parent/Guardian: _____

Date: _____

Site/Room: _____

FSC: _____