Soy Milk Request Notification Form

Provider’s Name: ________________________________

Participant’s Name: ________________________________  Participant’s Age: __________

To: Parents or guardians of children ages 1 year and older or adult participant

Your care provider participates in the Child and Adult Care Food Program (CACFP). The CACFP is administrated by the District of Columbia Office of the State Superintendent of Education and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals prepared and served by your provider. Your provider follows the USDA Meal Pattern Requirements and is required to provide specific food groups in specific quantities in order to receive reimbursement for the meals served. The required CACFP food groups are: milk, bread/bread alternate, fruit, vegetable, and meat/meat alternate.

USDA allows providers participating in CACFP to serve approved soy milks in place of cow’s milk at the request of and with written notification from the parent, guardian or adult participant. Providers may also claim reimbursement if the parent, guardian, or adult purchases and provides an approved soy milk along with written notification. Completing this form counts as written notification.

USDA-APPROVED SOY MILKS

USDA recognizes seven soy milks as allowable substitutions for cow’s milk. These soy milks have been specially formulated to be nutritionally equivalent to cow’s milk. The following soy milks are the only non-dairy beverages that may be substituted for milk as part of reimbursable CACFP meals.

Non-dairy beverages served to children ages one through five years old must be unflavored due to the higher sugar content of flavored varieties:

• 8th Continent Original Soy Milk
• Pacific Natural Ultra Soy Milk

• Safeway Lucerne Original Soy Milk
• WhiteWave Foods Silk® Original Soymilk

Non-dairy beverages served to children ages six years and older may be flavored. In addition to the non-dairy beverages listed above, flavored soy milks that meet the nutritional standards found in cow’s milk are as followed:

• Pacific Natural Ultra Soy Milk, Vanilla
• Kikkoman Pearl Organic Soymilk Smart, Creamy Vanilla
• Kikkoman Pearl Organic Soymilk Smart, Chocolate

Provider-Supplied Soy Milk:

If you would like the USDA-approved soy milk listed above to be served in place of cow’s milk, please check one of the boxes below and return this form to your care provider.

[ ] I will ACCEPT THE PROVIDER-SUPPLIED soy milk as part of the meal.
[ ] I will PURCHASE ONE OF THE APPROVED SOY MILKS ON MY OWN and bring it to my provider to be served with meals. I understand that my provider cannot receive reimbursements for meals served if I bring an unapproved brand of soy milk or other non-dairy beverage.

List the participant’s medical or special dietary restriction: ________________________________

Signature of Parent or Guardian or Adult Participant __________________________  Date __________

Printed Name of Parent or Guardian or Adult Participant __________________________

NOTE: If you or your child has a special dietary need and a medical authority requires a non-dairy milk substitute that is NOT listed on this form, please ask your care provider for a Medical Substitution Form.

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