

**Child and Adult Care Food Program (CACFP)  
 Infant Feeding Approval Section  
 Optional**

**Parent Decline Section**

\_\_\_\_\_ **I do not want to participate** in the Child and Adult Care Food Program.  
*Parent provides all infant food and/or formula. Center/Home will not claim any infant meals.*

\_\_\_\_\_ **I do want to participate.**  
*Center/Home will serve meals/snacks to infant and claim for reimbursement.  
 Parent/guardian to check off and initial food/formula below*

Center/Provider Name: \_\_\_\_\_

Infant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear Parent/Guardian,  
 As part of the Child and Adult Care Food Program, we may offer the following foods to your infant when they are developmentally ready in accordance with the CACFP Meal Pattern. When your child becomes of age to eat table foods baby food items will be replaced with table food items.

Please check (✓) the appropriate food items that you would like us to serve to your child.  
 You may check (✓) more than one item in a group.

**Breastfeeding/Formula (Indicate choice and list specific type of formula)**

\_\_\_\_\_ **Breast Milk or Iron Fortified Formula** (Parent provided)

\_\_\_\_\_ **Iron Fortified Formula** (Center/home provided formula)

<b>Iron Fortified</b>	<b>Vegetables</b>	<b>Fruits</b>	<b>Meat/Meat Alternate</b>
<b>Dry Cereal</b>	_____ Carrots	_____ Applesauce	_____ Chicken/Turkey
_____ Rice	_____ Green Beans	_____ Bananas	_____ Beef
_____ Oatmeal	_____ Sweet Potatoes	_____ Peaches	_____ Other
_____ Barley	_____ Peas	_____ Pears	(Meat Alternates)
_____ Other (Breads/ Crackers)	_____ Squash	_____ Plums	_____
_____	_____ Other	_____ Other	
	_____ Other	_____ Other	
	_____	_____	

Special Requirements: Any modification from the CACFP infant meal pattern must be accompanied by a medical statement signed by a recognized medical authority, which explains the reason for the special need and provides a list of food substitutions or modifications. This would include infants eating a regular diet.

\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date

\_\_\_\_\_ Staff Signature \_\_\_\_\_ Date

This institution is an equal opportunity provider.