COLORADO
Department of Public Health & Environment

Child and Adult Care Food Program
Milk Substitute Request Form

(Food preferences are not an appropriate use of this form)

Use this form if a participant does not have a disability, but is requesting a special accommodation **only** for a **Milk Substitute.** This form will help you determine if the requested milk substitute meets the nutrient standards set forth by the National School Lunch Program. Providers and school food authorities participating in federal nutrition programs are encouraged to accommodate reasonable requests.

Participant's Name: _____ **Participant's Age:** _____

Substitute requested: _____

Please describe the medical or other special dietary need that restricts your child from consuming cow's milk:

_____

Milk Substitutes: Fluid milk substitutes may be served in substitution of fluid milk for a participant who cannot consume fluid milk due to medical needs, special dietary needs, or preference (other than disability). If the milk substitute is dairy based, the substitute must be pasteurized, follow the same fat requirements as cow's milk, and meet the nutrition standards outlined below. The CACFP requires the fluid milk substitute to be nutritionally equivalent to milk and meet the following nutritional standards:

Nutrient	Amount per Cup (8 fl oz)	% DV
Calcium Protein	276 mg 8 g	28% 16%
Vitamin A	500 IU	10%
Vitamin D	100 IU	25%
Magnesium Phosphorus	24 mg 222 mg	6% 22%
Potassium	349 mg	10%
Riboflavin Vitamin B-12	0.44 mg 1.1 mcg	26% 18%

Participant/Parent/Guardian Section

☐ I choose to provide the substitute I requested to my provider. By providing a creditable milk substitute, I understand that my provider may receive meal reimbursement for the participant.

☐ I choose not to provide the substitute requested. I understand that my provider is not required, but has the discretion, to purchase and provide a creditable milk substitute as requested.

Participant/Parent/Guardian Signature:_____ **Date:** _____

Provider Section: Complete this section and the nutrient analysis of the substitute requested by the parent/guardian.

☐ I have determined the nutritional quality of the non-dairy milk substitute requested.
The substitute requested is: **(Circle one)** CREDITABLE NOT CREDITABLE

☐ I understand I have the discretion to purchase and provide a creditable substitute, as requested, if the parent does not provide the milk substitute. I understand I may only claim meal reimbursement for eligible meals.

Provider Signature:_____ **Date:** _____

The American with Disabilities Act Amendment Act defines a disability, in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual. For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008

Locate information regarding the ADAAA, which expanded the definition of disability, at:
https://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.