## PARENTAL REQUEST FOR A FLUID MILK SUBSTITUTION FOR CHILDREN IN CHILD CARE

NAME OF AGENCY	NAME OF SITE	SITE TELEPHONE NUMBER
PSD ECE		661-273-4710
CHILD'S NAME		DATE OF BIRTH
NAME OF PARENT/LEGAL GUARDIAN		TELEPHONE NUMBER
		( )
The above listed child does not have a disability, but the parent or legal guardian is <i>requesting</i> a <b>fluid milk substitute</b> 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 agency 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.  This written statement will remain in effect until the parent or legal guardian revokes such statement or until the child care agency discontinues the fluid milk substitution option. Child care agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests. <b>The child's parent or legal guardian must sign this form.</b>		
MEDICAL OR OTHER SPECIAL DIETARY NEED REQUIRING A FLUID MILK SUBSTITUTION		
MY CHILD IS LACTOSE INTOLERANT PLEASE PROVIDE THE FOLLOWING AT SCHOOL:		
LACTOSE FREE MILK (LACTAID)		
SOY MILK		
MAY HAVE:		
✓ CHEESE AND YOGURT		
✓ CHEESE AND YOGURT		
✓ CHEESE AND YOGURT  SIGNATURE OF PARENT/LEGAL GUARDIAN	PRINTED NAME OF PARENT/LEGAL GUAR	RDIAN DATE

The information on this form should be updated, as needed, to reflect the current medical and/or nutritional needs of the child.

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http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.

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 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, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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Please note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability.