

Fill out this document using Adobe Reader Software (www.adobe.com), print, and then have the appropriate parties sign and date. You can mail to the following address.

This must be an original signed document.

Mail to:

Beanstalk

1771 Tribute Road, Suite A

Sacramento, Ca. 95815

If you have questions contact Juanita Royal at: (916) 344-6259 ext. 321

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

1. NAME OF AGENCY/SPONSOR	2. NAME OF PROVIDER	3. SITE TELEPHONE NUMBER
4. CHILD'S NAME		5. DATE OF BIRTH
6. NAME OF PARENT/LEGAL GUARDIAN		7. TELEPHONE NUMBER ()
<p>8. The above listed child does not have a disability, but the parent or legal guardian is requesting a fluid milk substitute 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 do not rise to the level of a disability.</p> <p>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. The child's parent or legal guardian must sign this form.</p>		
<p>9. MEDICAL OR OTHER SPECIAL DIETARY NEED REQUIRING A FLUID MILK SUBSTITUTION</p> <p>BRAND NAME OF MILK SUBSTITUTION: _____</p> <p>REASON FOR SUBSTITUTION:</p>		
10. SIGNATURE OF PARENT/LEGAL GUARDIAN	11. PRINTED NAME OF PARENT/LEGAL GUARDIAN	12. DATE

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

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish).

Fluid Milk Substitution Nutrient Requirements as outlined in Title 7, Code of Federal Regulations, Section 210.10(m)(3)

Presently, a list of manufacturers' brands that meet the nutrient requirement for non-dairy fluid milk substitutions is not available. Instead, please compare the nutrition facts label of the product with the amounts in the percentage Reference Daily Intake (RDI) column below to determine if the product is an acceptable fluid milk substitute.

Column 1: Nutrients that must be contained in the product

Column 2: Nutrient requirements as stated in the federal regulations

Column 3: RDI for the nutrient

Column 4: Percent RDI (except for protein, the percent RDI is what is listed on the Nutrition Facts Label)

Nutrient	Requirements as Stated in Federal Regulations (Per cup)	RDI	%RDI*
Calcium	276 mg	1000 mg	27.60%
Protein	8 g*	50 g	N/A
Vitamin A	500 IU	5000 IU	10.0%
Vitamin D	100 IU	400 IU	25.0%
Magnesium	24 mg	400 mg	6.0%
Phosphorus	222 mg	1,000 mg	22.2%
Potassium	349 mg	3,500 mg	10.0%
Riboflavin	0.44 mg	1.7 mg	25.90%
Vitamin B-12	1.1 mcg	6 mcg	18.30%

*An acceptable fluid milk substitution must contain, at a minimum, the amounts in the percentage RDI column.