Parent/Guardian Infant Options Form
on the Child and Adult Care Food Program

Directions: Read the choices below. Select the choice which applies to your infant. Sign, date and return the form to your Child Care Provider.

☐ I understand the Child and Adult Care Food Program is being offered to my infant. I accept this offer and understand the Provider will supply all iron fortified infant formula and food for meals and snacks served to my infant while in-care.

☐ I understand the iron fortified infant formula ______________(list type e.g. Similac) is being offered to my infant. However, I do not choose this type of formula for my infant. I will provide the iron fortified infant formula when my child is in-care. I understand the Provider will provide all other foods for meals and snacks served to my infant while in-care.

☐ I will supply breast milk for my infant. The Provider will supply all other foods for meals and snacks served to my infant while in-care.

☐ I understand the Child and Adult Care Food Program is being offered to my infant. However, I choose to provide all formula/breast milk and foods for my infant.

Infant’s Name___________________________

Parent/Guardian’s Signature ____________________________ Date____________________

Provider’s Signature ____________________________ Date____________________

Provider’s Food Program Number _______________________

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410
(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.