

CACFP INFANT MEAL OFFER FORM

Provider Name: _____

Iron-Fortified Infant Formula Offered: _____

Please note: This form must be completed for each infant enrolled for care. Revise this form whenever the mother discontinues breastfeeding, the facility or provider changes the brand of formula provided, the parent changes decision about provision of formula, or the infant is ready to begin semi-solid/solid foods. Remember low iron formula supplied by the facility or provider cannot be reimbursed without a medical statement, and cow's milk is not allowed under 1 year of age without a medical statement.

Infant Name: _____ Date of Birth: _____

Check one of the options below for formula (formula must be listed above before completing):

- I **accept** the above named formula for my infant.
- I **decline** the above named formula for my infant and *I will provide the formula.*
- I **decline** the above named formula for my infant and *I will provide breast milk.*
- I **accept** the above named formula to supplement breast milk.
- I **decline** the above named formula to supplement breast milk and *I will provide the formula.*

Parent's Signature

Date

Check one of the options below for infant starting on semi-solid/solid foods:

My infant is developmentally ready to be served semi-solid/solid foods, starting at _____.
(list age or date to begin)

- I **accept** the semi-solid/solid foods for my infant.
- I **decline** the semi-solid/solid foods for my infant and *I will provide the semi-solid/solid foods for my infant.*

Parent's Signature

Date