

## **Spokane Head Start/ECEAP/EHS REQUEST FOR FLUID MILK SUBSTITUTION**

Spokane County Head Start/ECEAP/EHS is committed to providing high quality and healthy food choices for all children. If your child has a special, non-life-threatening diet need, we will consider a parent request for fluid milk substitution. The Child and Adult Care Food Program (CACFP) have set standards for the foods we serve and we are mandated to follow them. Flavored non-dairy beverages cannot be served to children 1–5 years of age.

Non-dairy milk substitution request	
being nutritionally equivalent to cow's mil	milk substitutes are available in Washington that meet the definition of k. All are original and plain or unflavored products:
1. 8 <sup>th</sup> Continent Soymilk	<ol><li>Great Value Soymilk from WalMart (red top only)</li></ol>
3. Pacific Foods Ultra Soy	4. Kirkland Organic Soy (Plain)
5. Silk Soymilk	6. Ripple Dairy-Free Shelf-Stable Milk
By completing the information below, you	r child will be served a fluid milk substitution.
Name of participating child:	Date of birth:
Identify why your child requires a no religious restriction):	n-dairy milk substitute (for example: milk intolerance, vegetarian or
	f the available soy beverages. All other foods on the menu made with milk za, yogurt, cheese sticks, cottage cheese and macaroni and cheese. <sup>1</sup> OR
I understand that Head Start/ECEAP/El medical disability, diagnosed by a Reco	milk substitute for my child - please list:  HS cannot claim meals that require milk unless my child has a documented agnized Medical Authority, either M.D or D.O, Physician's Assistant with the Physician or Advanced Registered Nurse Practitioner (ARNP).
	OR
milk may be offered including items like  1% Lactose-reduced milk (whole for months)	f the below listed milk substitutions. All other foods on the menu made with pizza, yogurt, cheese sticks, cottage cheese, and macaroni and cheese. children 12-24
<sup>1</sup> If your child cannot consume these foods, ac	dditional paperwork may need to be completed.
Signature of Parent/Guardian:	Date:
Site/Room:	FSC:

Original in child's file

Upload form into ChildPlus

Copy to parent