

# *Formula Decision Form*

Childcare Center's Name \_\_\_\_\_

Infant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Infants being fed formula must have this form completed and on file before the childcare center can receive reimbursement for the infant's meals.**

**If the infant is being fed breast milk, this form is not required.**

Our center participates in the Child and Adult Care Food Program (CACFP). In order for our center to receive reimbursement for meals served to infants, the CACFP requires that our center provide the parent or guardian with an option of a milk-based, iron-fortified infant formula and/or soy-based, iron-fortified infant formula.

**In our center, the iron-fortified infant formulas available at no charge to you are:**

(Milk based) \_\_\_\_\_

(Soy based) \_\_\_\_\_

You as a parent or guardian may decline the formula(s) provided by our center and supply your choice of iron-fortified infant formula for your infant and our center will supply the other food components specified on the CACFP Infant Meal Pattern when the infant is developmentally ready to accept them.

Please choose one of these options and fill out the following information:

When meals are served to my infant, effective \_\_\_\_\_  
(Month/Year)

- Yes, I accept the formula supplied by your childcare center as the iron-fortified infant formula my infant will receive.
- No, I decline your childcare center's choice of formulas. I will purchase and provide the childcare center with iron-fortified infant formula for my infant.

\_\_\_\_\_  
Parent/Guardian's Complete Name (print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Childcare Center Representative Signature