



DECLINE/WAIVER FORM
FORMULA OFFERED BY PROVIDER

PROVIDER NAME: _____ VENDOR # _____

PARENT FORM

**DECLINING PROVIDERS
TYPE OF FORMULA OFFERED**

All childcare providers participating in the Child and Adult Care Food Program (CACFP) are required to offer at least one (1) iron-fortified infant formula. This formula must meet the definition of infant formula according to State and Federal guidelines. Breast milk may continue to be provided by the infant's mother.

As a parent, you have chosen to decline the provider's offered formula. Therefore, in order for the provider to receive meal reimbursement for your child's meals you will need to furnish a formula which meets the CACFP requirements, unless your doctor has prescribed a special formula.

If your doctor's prescribed formula does not meet the CACFP requirements, you will need to have him/her complete one of the programs medical statement forms.

**INFANT'S FULL NAME
AND DATE OF BIRTH:**

	<u>Date of Birth</u>
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**NAME/TYPE OF FORMULA OFFERED
BY PROVIDER:**

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**PARENTS REASON FOR DECLINING
PROVIDERS FORMULA OFFERED:**

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**NAME/TYPE OF FORMULA PROVIDED
BY PARENT:**

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IS THE PARENT SUPPLIED FORMULA IRON FORTIFIED? YES NO

PARENT SIGNATURE _____ **DATE** _____

PROVIDER SIGNATURE _____ **DATE** _____