

### Request for a Fluid Milk Substitution

Name of Agency:

Name of Site:

Site Telephone #:

Participant's Name:

Date of Birth:

Name of Parent/Legal Guardian or Adult Household Member:

Telephone #:

The above listed participant does not have a disability, but the legal guardian or adult household member is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate participants who drink fluid milk substitutions such as soy milk due to taste preferences. The Child and Adult Care Food Program agency has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for participants with medical or special dietary needs that **do not** rise to the level of a disability.

This written statement will remain in effect until the legal guardian or adult household member revokes such statement or until the agency discontinues the fluid milk substitution option. Agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests. **A child's parent or legal guardian must sign this form.**

Medical or Other Special Dietary Need Requiring a Fluid Milk Substitution:

**(Child Care)**

Signature of Parent/Legal Guardian

**(Child Care)**

Printed Name of Parent/Legal Guardian

Date

**(Adult Day Care)**

Signature of Participant/Adult  
Household Member

**(Adult Day Care)**

Printed Name of Participant/Adult  
Household Member

Date

## **U.S. Department of Agriculture (USDA) Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. Fax: (833) 256-1665 or 202-690-7442; or
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**