



Request for Milk Substitution-Adult Care

(Non-Medical Need/Parent Preference)

Child and Adult Care Food Program (CACFP)

If you cannot drink standard cow's milk due to a preference or special dietary need but **do not** have a diagnosed medical disability, you or the adult care center may choose to provide a milk substitute or alternate fluid milk option. **If any option 1-3 listed below is provided, this form must be completed.**

1. **OSPI Approved Milk Substitute**

Review the list of [OSPI Approved Milk Substitutes](#) for possible options.

2. **Non-Dairy Fluid Milk Substitute**

USDA allows any milk substitute nutritionally equivalent to fluid cow's milk to be served. This means (per 1 cup/8oz) the milk substitute must meet or exceed each nutrient value listed here.

The product must contain the following nutrients per 1 cup:	
Nutrient	Per cup
Calcium	276 mg
Protein	8 grams
Vitamin A	500 IU or 150 mcg
Vitamin D	100 IU or 2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B-12	1.1mcg

3. **Alternate Fluid Milk Option**

Other milks that are creditable and may be served in place of standard cow's milk are acidified milk, acidophilus milk, buttermilk (commercially prepared), goats milk, Kefir milk, lactose-free or reduced milk (such as Lactaid), and organic milk.

Participant's Name: _____

Identify why a milk substitute is needed: _____

Name of Non-Dairy Milk Substitute or Alternate Fluid Milk Option: _____

Provided by:

☐ I request the **adult care center provide** this option. I am aware the center may decline requests not based on a diagnosed medical need.

☐ **I will provide** this beverage.

Signature of Household Member/Guardian: _____ Date: _____