



CHILD CARE RESOURCE AND REFERRAL AGENCY

Statement Regarding Infant Formula

Date: _____ Formula Type: _____

Provider's Name: _____

Child's Name: _____

Please check the appropriate statement below for children one year and younger.

This form must be on file with CACFP sponsor to receive reimbursement for each child under one year of age.

_____ *I decline my provider's offer to supply infant formula for my child; I will supply the formula.
I accept his/her offer to provide the other required meal components now or when my child starts eating solid foods.*

Parent Signature: _____

_____ I accept my providers' offer to supply infant formula and other required meal components for my child.

Parent Signature: _____

_____ I decline my providers' offer to supply infant formula and other required meal components for my child.
(**NO** reimbursement for the provider if this box is checked.)

Parent Signature: _____