

SPECIAL DIET FORM: Submit this form with Non-disability Special Dietary Needs Tracking Form

WECA Provider's first/last name _____ WECA PID _____

Child's first/last name _____ ID # _____ Child's date of birth _____

PARENT/GUARDIAN REQUEST FOR SERVING AN ALTERNATE MILK DUE TO PREFERENCE: CHILD 1 YEAR OR OLDER

Parent/Guardian must complete. The following are required: (1) Check the boxes below for a dairy milk substitute(s) preference (2) Complete Asterisked * sections. (3) Print your name, date, and sign.

Dairy Milk

The following dairy milks are creditable substitutions that do not require a valid medical statement.

Alternate Dairy Milks for 1 year old must be whole, and ages 2+ years must be low-fat (1%) or fat-free (skim):

- Lactose-free milk
- Lactose-reduced milk
- Goat milk
- Buttermilk
- Acidified milk

Non-dairy beverages

Creditable non-dairy beverages must meet or exceed required nutrient levels: 276 mg Calcium, 8 g Protein, 500IU or 150 mcg Vit A, 100 IU or 2.5 mcg Vit D, 24 mg Magnesium, 222 mg Phosphorus, 349 mg Potassium, .44 mg Riboflavin, 1.1 mcg Vit B-12

Refer to DPI's Creditable Non-dairy Beverages for a list of creditable non-dairy milk substitutes:

https://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/creditable_non_dairy_beverages.pdf

- Beverages that do not meet or exceed the nutrient requirements, for example, almond, cashew, coconut, hemp, oat, rice milks, water and juice, cannot be served as a milk substitution unless a valid medical statement for a disability is on file.
- Creditable non-dairy beverages are not required to be low-fat or fat-free.
- Non-Dairy Milks: Ages 1-5 years (must be unflavored); Non-Dairy Milks: Age 6+ (may be flavored)

PARENT REQUEST FOR MEAL SUBSTITUTION(S) DUE TO RELIGIOUS, ETHNIC, OR LIFESTYLE REASONS NOT DUE TO ALLERGY, INTOLERANCE, OR OTHER DISABILITY. Parent/Guardian must complete. All fields are required. The child care provider may only claim this child's meals for CACFP reimbursement when the substitution(s) meet CACFP meal pattern requirements and the parent/guardian chooses to supply zero or one meal component for this dietary change.

Specify change * _____

Reason for change * _____

Name of Milk/Beverage or Other

Substitute(s)* _____

Parent signature * _____

Parent name printed * _____ **Date *** _____

Choose One: *

- Substitution(s) will be supplied by the provider**
- Substitution(s) will be supplied by the parent/guardian**