

**CHILD AND ADULT CARE FOOD PROGRAM  
INFANT FEEDING SELECTION FORM  
Family Day Care Home Program**

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**Name of Provider**

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**Name of enrolled infant**

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**Birthdate**

I participate in the Child and Adult Care Food Program (CACFP) and will provide the following iron-fortified infant formula to all infants under 12 months of age and additional solid food as required by the CACFP Infant Meal Pattern. As a parent you have to right to accept or decline the benefits of the CACFP for your infant.

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Brand name of formula offered

**In order for me to meet the individual nutritional needs of each infant in my care, please select one of the following options:**

- \_\_\_\_\_ Please provide the iron-fortified infant formula listed above to my child and additional age appropriate solid foods according to the CACFP Infant Meal Pattern while he/she is in your care. (full CACFP participation)
- \_\_\_\_\_ I decline the offer of the above infant formula and will provide the following for my child while he/she is in your care. Please provide age appropriate solid foods according to the CACFP Infant Meal Pattern.
- \_\_\_\_\_ **Iron-fortified infant formula**  
List brand name of formula to be provided \_\_\_\_\_
- \_\_\_\_\_ **Breast Milk**
- \_\_\_\_\_ **Other**  
If the formula to be provided is not iron-fortified, please attach a statement from a recognized medical authority recommending the substitution for iron-fortified infant formula.
- \_\_\_\_\_ I decline participation in the CACFP and will provide all meals for my infant while he/she is in your care.

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**Signature of parent/guardian**