



**St. Vincent de Paul**  
NORTH IDAHO

*201 E Harrison  
Coeur d'Alene, ID 83814  
Child Care Food Program  
208-664-2562 or 800-482-5552*

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

Dear Parent/Guardian of:

\_\_\_\_\_ (Name of Child) \_\_\_\_\_ (date of Birth)

\_\_\_\_\_ is able to provide the requirements of  
(Center/Provider name)

the USDA meal pattern.

Meals are provided free of charge to your child as a participant in the Child and Adult Care Food Program (CACFP) while in our facility's care. The offered meal item(s) are in accordance to the USDA food guidelines, unless otherwise specified for special cases that require a medical statement.

The decision regarding what items are fed to your child is one for you and your child's doctor to make together. Please indicate your decision to decline the Food Program offered, by completing the section below and returning this letter to us.

Thank you,

\_\_\_\_\_  
Provider Signature

NO, I DECLINE the offered food and I will be providing the necessary food items for my child.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Print Name of Parent or Guardian