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 of Guardian Date

_____
Print Name of Parent or Guardian

This institution is an equal opportunity provider.