



# CACFP

Children and Adult Care Food Program

## Diet accommodations supported by Milk substitution form Diet Accommodation Change Form

Program: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Former Accommodation: \_\_\_\_\_ Soymilk \_\_\_\_\_ Lactose free

New Accommodation needed: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_