



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
INFANT FEEDING PREFERENCE

Name of Infant _____ Date of Birth _____

The child care center will feed your infant: breastmilk provided by you; formula provided by you; or the following iron fortified formula purchased by the center _____

Please mark your preference (choose all that apply)	Date _____ Birth thru 3 months	Date _____ 4 thru 7 months	Date _____ 8 thru 11 months
I will provide expressed breastmilk for my infant.			
I will breastfeed my infant at the center.			
I want the center to provide formula for my infant.			
I will purchase/provide the following brand of formula for my infant: _____			

This center is participating in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide (purchase) infant cereal and other solid foods when your baby is developmentally ready according to the *Food Chart - Infants*.

Please mark your preference	Date _____ 4 – 7 months	Date _____ 8 – 11 months
I want the center to provide infant cereal and other foods for my infant based on CACFP guidelines.		
I will bring solid food for my infant when he / she is ready for it.		

First Signature of Parent / Guardian _____ Date _____

Second Signature of Parent / Guardian _____ Date _____

Third Signature of Parent / Guardian _____ Date _____

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).