

### Parent/Guardian’s Form for Declining a Provider’s Food for Older Children

All child care facilities (providers or centers) participating in Child Nutrition Programs (CNP) are required to offer meals that meet the appropriate meal pattern according to state and federal guidelines (see Child and Adult Care Food Program (CACFP) meal pattern—Form ID CACFP 22).

As a parent or guardian, you choose to decline a food component offered by the provider or center and will furnish one food component that meet the CNP nutritional content requirements, unless your child’s doctor has prescribed a special food. Any food component provided by the parent or guardian must be in compliance with local health codes. **If your child’s physician, physician’s assistant or nurse practitioner prescribed a food component or components that do not meet the CNP requirements, you will need to have him/her complete the Medical Statement (Form ID CNP 925).** Return the original medical statement to your center or provider.

Please complete the form below in order to allow your provider or center to receive CNP meal reimbursement.

Child’s name:	
Name of food component offered by Provider or Center:	
Food component Parent/Guardian chooses to provide:	

Parent/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional comments:	
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Parent/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Provider: Please keep a copy in the child’s file and forward the original to your CNP Sponsor)**

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- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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