



www.HFS-CACFP.org
402-451-6244
6720 N. 30th Street
Omaha, NE 68112

Infant Formula — 4 months to 1 year

Provider Name: _____

Infant Name: _____ Date of Birth _____

Formula Offered by Facility _____

_____ I accept the above named formula for my infant.

_____ I decline the above named formula for my infant.

Parent's Signature

Date

To be completed when infants are 4 months to 1 year old:

_____ My infant is developmentally ready to be served solid foods.

Parent's Signature

Date

_____ I decline my provider's meal pattern and will provide all
of the food for my infant's meals.

Parent's Signature

Date