**Rock and Walworth Comprehensive Family Services, Inc.**

Head Start/Early Head Start

1221 Henry Avenue, Beloit WI 53511 **Phone:** (608) 299-1500 • **Fax:** (608) 299-1629

**RWCFS EHS Formula Notification/Authorization Letter**

To: Parent(s) of infants less than 12 months old: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CC:\_\_\_\_

From: RWCFS EHS staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All children enrolled in this center, including infants, are eligible for meals through the United States Department of Agriculture (USDA) Child and Adult Food Program (CACFP). Child care centers in the program are reimbursed to help with the cost of serving nutritious meals to enrolled children. The meals must meet CACFP nutrition guidelines for children and infants. To meet CACFP requirements this center will provide formula and other foods for infants.

The iron-fortified formula that this center offers for their children through their first year is

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You may decide to bring your own formula. If so, the center will not claim reimbursement for your infant’s meals until the infant is developmentally ready to eat center-provided foods.

Please check your preference:

\_\_\_\_\_ I will provide infant formula for my infant

\_\_\_\_\_ I will provide breast milk for my child

\_\_\_\_\_ I want the center to supply the infant formula for my infant

Infant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(8/12)**

Child and adult food Program and meal benefits are available to all eligible children regardless of race, color, national origin, sex age or ability.

Prototype letter DPI/FNS 1/02

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