

NORTHWEST NUTRITION SERVICE, INC.

Effective May 1, 2005 the attached Infant Feeding Benefit Notification and Acknowledgement form replaces the Infant Feeding form and Infant Feeding Parent Letter.

One Infant Feeding Benefit Notification and Acknowledgement form must be filled out and returned with the Infant Enrollment form to this office before an infant's meal/snacks can be reimbursed. *The effective date for claiming infant meals is the date the form is signed by the parent/guardian.*

Providers must give the second copy of the Infant Feeding Benefit Notification and Acknowledgement form to the parent/guardian after signing.

- Designate food and formula supplied by parent/guardian with "PS" on the infant menu.
- Providers must indicate "PS" every time the parent supplies a component. You may not write "PS" on the top of the menu to cover
- meals and snacks provided for the week/month.
- Designate expressed (bottled) breast milk on the infant menus as "EB" each time expressed breast milk is offered as part of a
- reimbursable meal or snack.
- Designate infants' breastfed by mother on the infant menus as "BF". Meals and snack including only "BF" may not be reimbursed.

FOR ENROLLMENT OF INFANTS ONLY (6 weeks – 1 year)

This form is to be filled out by the parent/guardian only.

Name of Child Last, First	Birth date	Hours of Care Ex: 8am – 5pm	Bkft	AM	Lun	Check Meals Needed		
						PM	Dinner	Late
			6-9am		11-1:30		5-7pm	
		start:						
		end:						
		start:						
		end:						

Check the days of the week that the infant will be in care:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

RACIAL OR ETHNIC IDENTITY (not required)

Please check your child's racial ethnic identity.

Mark one ethnic identity

Mark one or more racial identities, if any;

Hispanic or Latino

American Indian & Alaskan Native

Native Hawaiian or Other Pacific Islander

Not Hispanic or Latino

Asian

White

Black or African American

Other: _____

I understand my child/children will receive meals at no extra charge when they are in care during any of the scheduled meal services and receive meals. This facility is operated in accordance with the US Department of Agriculture policy, which does not permit discrimination because of race, color, age, handicap, sex or national origin. More information may be obtained here or from the Office of Equal Opportunity, USDA, Washington, D.C. 20250. Any person who believes that he or she has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

I wish to enroll my child/children whose names and enrollment information are given above, in the Child and Adult Care Food Program, which reimburses day care providers for serving nutritious, well- balanced meals to day care children. I have received a copy of the ***Infant Feeding Benefit Notification and Acknowledgement form after signing.***

Parent/Guardian (print your name) _____

Parent/Guardian Signature _____

Dated _____

The effective date for claiming infant meals is the date the form is signed by the parent/guardian.

Parent/Guardian Address: _____

Street

City

Zip code

Daytime telephone: _____

Evening telephone: _____

CACFP Infant Feeding Benefit Notification and Acknowledgement

Infant's Name: _____ **DOB:** _____
Provider's Name: _____

To: Parents/Guardians of infants, birth through 11 months old

Your family day care provider participates in the Child and Adult Care Food Program (CACFP). The CACFP is administered by the Oregon Department of Education and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals provided and served to your baby while in care. Your family day care home provider follows the USDA Meal Pattern for Infants shown below. The types and amounts of food vary according to the age and developmental readiness of your baby. As the parent/guardian, you are the main source for nutritional and developmental information for your baby.

USDA supports and encourages moms to continue breastfeeding when returning to work or school. For formula fed infants, the following USDA-approved iron-fortified infant formula(s) will be provided to babies in care:

Milk-based iron-fortified formula: _____

Soy-based iron-fortified formula: _____

USDA Meal Pattern Requirements For Infants			
Age	Breakfast	Lunch or Supper	Snack
0 - 3 months	4-6 fluid ounces iron-fortified formula or breast milk	4-6 fluid ounces iron-fortified formula or breast milk	4-6 fluid ounces iron-fortified formula or breast milk
4 - 7 months	4-8 fluid ounces iron-fortified formula or breast milk Optional: 0-3 Tbsp iron-fortified infant cereal	4-8 fluid ounces iron-fortified formula or breast milk Optional: 0-3 Tbsp iron-fortified infant cereal Optional: 0-3 Tbsp fruit and/or vegetable	4-6 fluid ounces iron-fortified formula or breast milk
8 - 11 months	6-8 fluid ounces iron-fortified formula or breast milk AND 2-4 Tbsp iron-fortified infant cereal AND 1-4 Tbsp fruit and/or vegetable	6-8 fluid ounces iron-fortified formula or breast milk AND 2-4 Tbsp iron-fortified infant cereal AND/OR 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas; or ½ - 2 oz cheese; or 1-4 oz (volume) cottage cheese; or 1-4 oz (weight) cheese food, or cheese spread AND 1-4 Tbsp fruit and/or vegetable	2-4 fluid ounces iron-fortified formula or breast milk or 100% fruit juice Optional: ½ slice bread or 0-2 crackers (made from whole grain or enriched flour)

You have a right to the benefits described in this letter. If you choose not to take part in the CACFP you may supply your own breast milk and/or formula and foods for your infant. You have the right to CACFP benefits in the future. If you choose to accept CACFP benefits in the future, you must notify your family day care home provider. If you feel these benefits are not being offered as described in this letter, contact:

NORTHWEST NUTRITION SERVICE, INC
 (503) 653-7626/1-800-600-6058

This family day care provider has not requested or required me to provide infant formula or food for my baby. I understand that I have the choice of having my baby participate in the CACFP. I have received a copy of this form for my records.

Parent/Guardian Signature

Date

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USDA and the State of Oregon are equal opportunity providers and employers

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