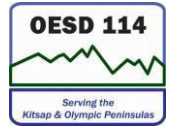




Infant Meal Offer Form-Early Head Start



Site: _____

To claim infants on the Child and Adult Care Food Program, USDA requires infants be served either breast milk or iron-fortified infant formula, or portions of both for the entire first year. Any product labeled iron-fortified must be FDA approved.

Infants requiring specialize formulas may required a note from your doctor.

Name of Infant under 1 year of age: _____ Date of Birth: _____

Please choose from the following:

- I will provide breast milk.
- OESD 114 Early Head Start will provide the following iron-fortified approved formula for my infant:
_____.
- OESD 114 Early Head Start will provide the following specialized formula and I will provide a note from a recognized medical authority for this formula:
_____.
- I will provide the following non-approved formula or specialized formula and I will provide a note from a recognized medical authority for this formula:
_____.

Bottle Type: _____

Nipple Size: _____

Signature of Parent/Guardian _____ Date _____

If infant is 6 months or older at enrollment, complete infant feeding alert with parent.

My infant is developmentally ready to be served semi-solid/solid foods, starting at _____.
(list age or date to begin)

- I **accept** the semi-solid/solid foods offered for my infant.

Signature of Parent/Guardian _____ Date _____