



Fluid Milk Substitute Nutrient Verification

Fluid milk is a required meal component for breakfast, lunch and supper. It is an optional component for a snack. In the case of a participant who cannot consume fluid milk due to medical or other special dietary needs other than disability, non-dairy beverages may be served in substitution of fluid milk. CACFP requires the non-dairy milk substitute to be nutritionally equivalent to milk and meet the following nutritional standards:

Required Nutrients	Required Amounts Per Cup	%DV
Calcium	276 mg	28%
Protein	8 g	16%
Vitamin A	500 IU	10%
Vitamin D	100 IU	25%
Magnesium	24 mg	6%
Phosphorus	222 mg	22%
Potassium	349 mg	10%
Riboflavin	0.44 mg	26%
Vitamin B-12	1.1 mcg	18%

Please enter the name of the requested product and the requested product’s nutritional requirements in the table below. It should be compared to the nutritional standards listed to show the nutritional equivalence is met or exceeded.

Requested Product Name: _____

Required Nutrients	Required Amounts Per Cup	%DV	Per Cup or %DV in Substitute product
Calcium	276 mg	28%	
Protein	8 g	16%	
Vitamin A	500 IU	10%	
Vitamin D	100 IU	25%	
Magnesium	24 mg	6%	
Phosphorus	222 mg	22%	
Potassium	349 mg	10%	
Riboflavin	0.44 mg	26%	
Vitamin B-12	1.1 mcg	18%	

I have determined the nutritional quality of the non-dairy milk substitute requested for (participant’s name, age) _____, _____ comparing the requested substitute’s nutritional values to the approved values. The substitute requested is (circle one):

CREDITABLE

NOT CREDITABLE

I understand I have the discretion to purchase and provide a creditable fluid milk substitute, as requested, if the participant/parent/guardian does not provide the fluid milk equivalent. I understand that if a participant/parent/guardian does provide the fluid milk equivalent, I can still claim reimbursement for the meal.

 Provider’s Signature

 Date Verified

Keep this form on file.