

## Non-Dairy Fluid Milk Substitution

Parents/Guardians may request in writing non-dairy milk substitutions for their children with special dietary needs without providing a medical statement. The non-dairy beverage offered must be nutritionally equivalent to cow's milk and meet the nutritional standards set by the United States Department of Agriculture (USDA). In order for a non-dairy milk product to be considered allowable it must meet or exceed the following nutrient levels per cup (8 ounces):

Calcium 276 mg	Magnesium 24 mg	Protein 8 g
Potassium 349 mg	Phosphorus 222mg	Riboflavin .44 mg
Vitamin A 500 IU or 150 mcg	Vitamin B12 1.2 mcg	Vitamin D 100 IU or 2.5 mcg

There are several products available in Minnesota that meet the USDA regulation, see list below. No other non-dairy beverages, such as, almond milk, cashew milk, coconut milk, flax milk, rice milk, etc. are acceptable even with a Special Diet Statement signed by a recognized medical authority, unless the child has a disability. The federal definition of disabilities has been broadened to include Major Life Activities and Major Bodily Functions examples include; the inability to care for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, listening, bending, speaking, breathing, learning, reading, concentrating, thinking, communication, and working. Bodily function impairments of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.

The following are non-dairy milk substitutions approved in Minnesota to meet the USDA regulations. These products are not endorsed by USDA, MDE or Milestones.

Unflavored Options		Flavored Options*	
Sunrich Naturals, <b>Organic Sweetened Original Soymilk</b>		Sunrich Naturals, <b>Organic Sweetened Vanilla Soymilk*</b>	
Silk, <b>Original Soymilk</b>		Silk, <b>Very Vanilla or Chocolate Soymilk*</b>	
8 <sup>th</sup> Continent, <b>Original Soymilk</b>		West Soy, <b>Organic Plus Vanilla Soymilk*</b>	
West Soy, <b>Organic Plus Plain Soymilk</b>		8 <sup>th</sup> Continent, <b>Vanilla Soymilk*</b>	
Walmart Great Value, <b>Original Soymilk</b>		Kikkoman Pearl, <b>Organic Smart Vanilla or Chocolate Soymilk*</b>	

Kikkoman Pearl, <b>Organic Smart, Original Soy</b> milk		Ripple, <b>Vanilla or Chocolate Non-Soy Dairy</b> Substitute	
Ripple, <b>Original Non-Soy Dairy</b> Substitute			

\*Flavored milk is not allowable for children under 6 years of age. Children 6+ years of age may have flavored fat-free (skim).

**Non-Dairy Fluid Milk Substitution Request**

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Please print

Identify the medical or other special dietary need that restricts the diet of this child:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check only one:

- I, the parent/guardian, am providing \_\_\_\_\_ non-dairy milk substitute that meets the USDA nutritional standards and is approved by the USDA and Minnesota Department of Education. I understand that the provider will serve the non-dairy milk substitute and claim reimbursement.
- I, the parent/guardian, am providing an unapproved non-dairy milk substitute such as, almond milk, cashew milk, coconut milk, flax milk, rice milk, etc. for my child. I understand that the provider cannot claim reimbursement for meals which require milk or a non-dairy substitute unless my child has a disability and I have a completed Special Diet Statement for children with disabilities. This form is available from Milestones and requires the signature of a licensed physician.
- The child care provider is supplying \_\_\_\_\_ approved non-dairy milk substitute for my child.

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name, *print* \_\_\_\_\_ Provider Number \_\_\_\_\_

*I verify that the requested Non-Dairy Milk Substitution is nutritionally equivalent to Cow’s milk.*

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

A copy of this form must be kept in the providers file and a copy needs to be submitted to:  
 Milestones at 314 10<sup>th</sup> Ave S, Suite 180, Waite Park, MN 56387  
[providercare@milestonesmn.org](mailto:providercare@milestonesmn.org) or Fax to 320-654-8650