



Request for Fluid Milk Substitution – Adult Care

Adult Participant’s Name: _____

Milk substitution request:

If an adult participant cannot drink fluid cow’s milk due to medical or other special dietary needs but **does not** have a diagnosed medical disability, you or the adult care center may choose to provide one of the approved non-dairy milk substitutes or creditable milk substitutes below, based on your request.

Identify why the adult participant needs a milk substitute: _____

At this time, only six brands of non-dairy milk substitutes available in Washington are nutritionally equivalent to and may be served in place of cow’s milk:

- 8th Continent Soymilk - Original and Vanilla
- Silk Soymilk - Original
- Great Value Soymilk - Original from Wal-Mart (red top only)
- Kirkland Organic Soy - Original (32-oz shelf-stable)
- Pacific Foods Ultra Soy - Original (32-oz or 8-oz shelf-stable)
- Ripple Dairy-Free Shelf-Stable Milk Original (32-oz or 8-oz), Chocolate (8-oz) or Vanilla (8-oz)

Other milks that are creditable and may be served in place of fluid cow’s milk are acidified milk, acidophilus milk, buttermilk (commercially prepared), goats milk, Kefir milk, lactose-free or reduced milk (such as Lactaid), and organic milk. **Note: nonfat or 1% milk must be served.**

By completing the information below, the adult participant can be served one of the approved non-dairy milk substitutes or other creditable milks noted above provided by the center (if the center chooses), or provided by you.

_____ I request the adult participant be served the adult care center provided approved non-dairy or creditable milk substitute as described above for meals that require milk.

_____ I will provide an approved non-dairy or creditable milk substitute to be served to the adult participant as described above for meals that require milk:

(Name of approved non-dairy or creditable milk substitute)

Signature of Household Member/Guardian: _____ Date: _____