Notification to the California Department of Education
Decision to Offer Fluid Milk Substitutes in the School Nutrition Programs

Please complete this form only if your school food authority (SFA) chooses to offer a fluid milk substitute for medical or other special dietary needs to students at any of your school sites. SFAs offering fluid milk substitutes to **all students at lunch only**, are not required to complete and submit this form. Please note that SFAs have the discretion to offer fluid milk substitutes to accommodate children with special dietary needs that are not considered a disability. This includes fluid milk substitutions to accommodate religious or moral convictions or personal preference. SFAs are required to make substitutions for students whose disabilities restrict their diets.

Email completed form to SNPInfo@cde.ca.gov.

School Name	**Child Nutrition Information & Payment System (CNIPS) ID**
Address	**Vendor Number**
City, State, Zip	**Phone Number**

Fluid milk substitutes for non-disability reasons will be served at:

☐ **Breakfast** ☐ **Lunch** ☐ **Afterschool Snack**

List of school sites offering a fluid milk substitute (use separate sheet as necessary):

I understand that (please check each box):

☐ I assume responsibility for evaluating and purchasing food products that are acceptable for the National School Lunch Program and School Breakfast Program, including the evaluation of the nutrient content of milk substitutes.

☐ Our SFA must pay for substitution expenses that exceed the federal reimbursement, and I may not charge a higher price for an individual school meal to cover the cost of providing a fluid milk substitute.

The SNP 05 form must be signed by a Food Service Director and/or person authorized directly through delegation by the governing body of the school district or charter school, or by the county superintendent of schools to sign commitments that are legally binding. **This form is also considered valid with a certified digital signature.**

Signature of Authorized Official	**Title of Authorized Official**
Printed Name of Authorized Official	**Date**
Phone Number	**Email**

Do Not Write Below This Line – California Department of Education (CDE) Use Only
☐ **NSD representative send to permanent file** ☐ **CNIPS note**
CDE Employee Signature: