



### CONSUMER HEALTH SERVICES

NORTHERN DISTRICT OFFICE  
 OLD COURTHOUSE  
 506 SOUTH PALM AVENUE  
 TITUSVILLE, FL 32781-1496  
 PHONE (305) 269-8932

CENTRAL DISTRICT OFFICE  
 CENTRAL SERVICE COMPLEX  
 2575 NORTH COURTENAY PARKWAY  
 MERRITT ISLAND, FL 32953-4147  
 PHONE (305) 453-9510

SOUTHERN DISTRICT OFFICE  
 SOUTH SERVICE COMPLEX  
 1515 SARNO ROAD  
 MELBOURNE, FL 32935-5293  
 PHONE (305) 242-6511

### ALTERNATE NUTRITION PLAN AGREEMENT

Name of Facility: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Indicate Special Dietary Requirements: \_\_\_\_\_

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)

Breakfast

A. M. Snack

Noon Meal

P. M. Snack

Dinner

Evening Snack

Formula

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Date: \_\_\_\_\_ Signature of Owner/Operator: \_\_\_\_\_