

CACFP Programs must complete this form for each participant accommodated for a disability or non-disability special dietary need. Keep this form and documentation, as specified below, on file.

**Section I: Disability** - Complete when a participant has a disability that restricts eating and/or feeding

**Section II: Non-disability special dietary need** - Complete when a participant's parent/guardian requests meal substitutions for non-disability reasons

Provider's Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date form completed \_\_\_\_\_

## Section I: Disability

Complete this entire section and then select if meals can or cannot be claimed at the bottom.

- Participant has a physical or mental impairment that substantially limits one or more major life activities
  - ✓ Major life activities include eating, breathing, digestive, and respiratory functions, etc.
  - ✓ Most physical and mental impairments will constitute a disability, it does not need to be life threatening
  - ✓ Ex. Lactose intolerance is a physical impairment of the digestive function; it does not have to cause severe distress
  
- Attached is a written medical statement from a State licensed healthcare professional (physician, physician assistant, or nurse practitioner (APNP)) that provides:
  - ✓ Information about:
    1. The impairment (reason for request)
    2. How it restricts the diet
    3. How to accommodate the impairment
  - ✓ For food allergy, statement should have three essential components:
    1. The food(s) to be avoided (allergen)
    2. Brief explanation of how exposure to the food affects the participant
    3. Recommended substitution(s)
  
- List substitution(s)/modification(s) offered by the program that effectively accommodates the disability:
  - ✓ Substitutions or modifications offered must accommodate the participant, but do not have to be the exact modification requested

\_\_\_\_\_

\_\_\_\_\_
  
- Choose One:
  - Parent/guardian accepts program's accommodation(s)
  - Parent/guardian declines program's accommodation(s) and chooses to provide: \_\_\_\_\_

\_\_\_\_\_

### Claiming Meals Determination

- Claim meals:
  - ✓ Section I of this form, including all applicable documentation, is complete and on file
  - ✓ Program has made reasonable modification(s) to accommodate the disability
  - ✓ Program provides the modification(s), or parent/guardian has elected to provide the modifications(s), and the program is providing at least one component
  
- Do not claim meals:
  - ✓ Parent/guardian has elected to provide all foods; the program is not providing any component

# CACFP Special Dietary Needs Tracking Form

Provider's Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date form completed \_\_\_\_\_

## Section II: Non-disability special dietary need request

Meal substitutions for non-disability reasons must be documented below. A parent/guardian may choose to provide one creditable component towards a reimbursable meal for a non-disability special dietary need.

Complete this entire section and then select if meals can or cannot be claimed at the bottom.

- Participant's non-disability special dietary need (check all that apply):  
 Religious  Ethnic  Lifestyle preference (circle: vegetarian, organic)  Other: \_\_\_\_\_

- Attached is a written statement from the parent/guardian that:  
✓ Identifies the non-disability special dietary need, including foods not to be served and allowable substitutions  
✓ A statement that the parent/guardian chooses to provide foods (if applicable)

- List specific food item(s) substituted by Program:  
✓ Programs must ensure that food substituted meet meal pattern requirements  
✓ If a food substitution does not meet meal pattern requirements, **do not claim** that meal/snack

1. \_\_\_\_\_ CACFP creditable:  Yes  No
2. \_\_\_\_\_ CACFP creditable:  Yes  No
3. \_\_\_\_\_ CACFP creditable:  Yes  No
4. \_\_\_\_\_ CACFP creditable:  Yes  No

- List specific food item(s) provided by parent/guardian:  
✓ Programs must ensure that food provided by parent/guardian meet meal pattern requirements  
✓ If a parent provides a food substitution that does not meet meal pattern requirements, **do not claim** that meal/snack

1. \_\_\_\_\_ CACFP creditable:  Yes  No
2. \_\_\_\_\_ CACFP creditable:  Yes  No
3. \_\_\_\_\_ CACFP creditable:  Yes  No
4. \_\_\_\_\_ CACFP creditable:  Yes  No

### Is it creditable?

**Non-dairy milk products NOT creditable to the CACFP meal pattern include** cashew, rice, almond, coconut, oat, or soy milks that are not nutritionally equivalent to cow's milk. When served for a non-disability special dietary need, meals cannot be claimed.

**Meatless substitutes** made from alternate protein and/or textured vegetable protein ingredients may only credit to the CACFP meal pattern with a Child Nutrition (CN) Label or Product Formulation Statement.

### Claiming Meals

Claim meals when:

- ✓ Section II of this form is complete and on file
- ✓ Parent/guardian provides **no more than one** component at a meal or snack
- ✓ Food(s) substituted by the parent or program are creditable to the meal pattern (creditable means foods count toward meeting meal pattern requirements)
- ✓ Program provides all other required components and all foods are creditable to the meal pattern

Do not claim meals when:

- ✓ Parent/guardian provides more than one component
- ✓ Non-creditable food(s) are served

Check meal(s) that can be claimed:

- Breakfast  Lunch/Supper  Snacks