

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