



# Special Dietary Needs Tracking Form

**CACFP program staff complete this form**

CACFP staff must complete this form for each participant served menu substitutions. This form and applicable documentation, as specified, must be kept on file.

**Section I: Disability (below)** - Complete when a participant has an impairment that restricts eating and/or feeding and a valid medical statement signed by a State licensed healthcare professional (physician, physician assistant, nurse practitioner (APNP), dentist, optometrist, podiatrist) is on file.

**Section II: Non-disability special dietary need (back of page)** - Complete when:

- Participant's family requests meal substitutions for reasons not due to a disability
- A medical statement not valid for a disability is provided. Examples:
  - Statement from a non-licensed health care professional (e.g., registered nurse, dietitian, or chiropractor)
  - Statement from a licensed health care professional that specifies a family's dietary preference, not a disability (e.g., statement indicates participant may drink rice milk per parent)

**Participant's Name** \_\_\_\_\_ **Date form completed** \_\_\_\_\_

## Section I: Disability

*Complete this entire page. Check off boxes when action is completed.*

- 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. Impairment does not need to be life threatening; ex. lactose intolerance is a physical impairment of the digestive function
- Attached is a valid written medical statement which includes:
  - ✓ Description of impairment (reason for request)
  - ✓ How to accommodate the impairment (e.g., food(s) to be avoided and recommended substitution(s))
  - ✓ Signature from state licensed healthcare professional (physician, physician assistant, nurse practitioner (APNP), dentist, optometrist, podiatrist)

### ACCOMMODATION(S)

The program must offer reasonable modification(s) as specified on the medical statement.

- List substitution(s)/modification(s) **offered by the program:** \_\_\_\_\_
- Choose One.** Family of participant:
  - Accepts program's accommodation(s)
  - Declines program's accommodation(s) and chooses to provide:

### CLAIMING MEALS

Claim meals when the program:

- ✓ Has made reasonable modification(s) according to the medical statement
- ✓ Provides modification(s) or family chooses to provide modification(s). The program must provide at least one component.

Do not claim meals when:

- ✓ Family chooses to provide all foods (the program is not providing any components)

**Check meal(s) that can be claimed:**  Breakfast  Lunch/Supper  Snacks

### COMMUNICATION WITH STAFF

- Discuss participant's meal modifications with staff, including when meals can and cannot be claimed.  
**Record date discussed with staff:**

## Section II: Non-disability special dietary need (SDN) request

Complete this entire page. Check off boxes when action is completed.

- Participant has a non-disability request (check all that apply):
  - Religious
  - Ethnic
  - Lifestyle preference (circle: vegetarian, organic)
  - Other: \_\_\_\_\_
- Attached is a written statement from the family, DCF Health History form, or medical statement not valid for a disability that:
  - ✓ Identifies the non-disability request, including foods not to be served and allowable substitutions
  - ✓ Includes a statement that the family chooses to provide foods (if applicable)

### MEAL SUBSTITUTION(S)

- List specific food item(s) the program chooses to substitute:
  - ✓ Meals and food substitutions must meet meal pattern requirements. If a meal or 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
- List specific food item(s) provided by the family:
  - ✓ A family may choose to provide one creditable component of a meal or snack
  - ✓ Programs must ensure that food provided by the family is creditable
  - ✓ If the family provides more than one component or a food substitution that is not creditable, **do not claim** that meal/snack
  1. \_\_\_\_\_ CACFP creditable:  Yes  No
  2. \_\_\_\_\_ CACFP creditable:  Yes  No
  3. \_\_\_\_\_ CACFP creditable:  Yes  No

**A common non-disability request is to serve a non-creditable beverage in place of cow's milk.** These include non-dairy beverages not nutritionally equivalent to cow's milk such as almond, cashew, coconut, hemp, oat, rice, and some soy milks; 2% milk; and water. **When one of these beverages is served in place of cow's milk, meals/snacks 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 (PFS)

### CLAIMING MEALS

Claim meals when:

- ✓ Substituted foods and beverages are creditable to the meal pattern
- ✓ All required meal/snack components are provided
- ✓ Family provides **no more than one creditable** component at a meal/snack

Do not claim meals when:

- ✓ Family provides **more than one component**
- ✓ Non-creditable food(s) or beverage(s) are served (this includes program-provided and family-provided)

- Check meal(s) that can be claimed:  Breakfast  Lunch/Supper  Snacks

### COMMUNICATION WITH STAFF

- Discuss participant's meal modifications with staff, including when meals can and cannot be claimed.  
**Record date discussed with staff:**