

Part Db. Request Substitution for Meal Component(s) due to Vegan Diet, Religious, Cultural or Ethical Reasons – to be completed by parent/guardian

Instead of _____, please provide the participant named in Part A of this form with the following substitute:

Parent/Guardian's Signature:

Date:

CACFP Meal Modification Form

Important! Select the applicable meal modification category from the three listed below. Then carefully read and follow the procedures for that category. The center/home will return an incomplete Meal Modification Form to the parent/guardian. If you have questions about this form, the center/home will assist you.

1. Modification due to a disability:

- A center/home provider is required to make meal modifications prescribed by a licensed physician to accommodate a participant's disability. See the definition of disability on the back of this form.
- Part B of this form must be completed by a licensed physician (MD or DO).
- Parts A and C of this form must also be completed before the center/home can make meal modifications.
- The meal modifications will continue until a licensed physician requests that the modifications be changed or stopped by completing this form with the change. The form is available from the center/sponsor.
- It is strongly recommended that a licensed physician annually update the prescribed diet order.

2. Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability:

- A center/home has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
- Part B of this form must be completed by a medical authority who is a licensed physician (MD or DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP).
- Parts A and C of this form must also be completed before the center/home can make meal modifications.
- If a center/home chooses to make the meal modifications, they will continue until a medical authority requests that the modifications be changed or stopped by completing this form with the change. The form is available from the center/sponsor.
- It is strongly recommended that a medical authority annually update the prescribed diet order.

3. Substitution for fluid cow's milk due to lactose intolerance, allergy, religious, ethical or cultural reasons:

- A center/home has the option to make a substitution for fluid cow's milk that is requested by a parent/guardian, but that is not prescribed by a medical authority.
- Parts A and D of this form must be completed before the center/home can make a substitution for fluid cow's milk.
- If a center/home chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped by completing this form with the change. The form is available from the center/sponsor.

Part A. Participant, Parent/Guardian & Center/Home Information – To be completed by a parent/guardian or contact person				
Participant's Name:		Date of Birth:		
Parent/Guardian's Name:		Parent/Guardian's Phone:		
Center/Home Name:		Center/Home's Phone:		
Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.				
1. Check ONE:				
<input type="checkbox"/> Food allergy/intolerance or other medical condition that does not rise to the level of a disability OR <input type="checkbox"/> Disability				
2. Specify the food allergy/intolerance, medical condition, or disability related to the prescribed diet order.				
3. If the participant has a disability, what major life activity is affected? Example: Allergy to peanuts affects ability to breathe.				
4. Type of Special Diet:				
<input type="checkbox"/> Check if not applicable OR specify the type of special diet (e.g. gluten-free, diabetic, etc.).				
5. Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped	<input type="checkbox"/> Ground	<input type="checkbox"/> Pureed
6. Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar	<input type="checkbox"/> Honey	<input type="checkbox"/> Spoon or Pudding Thick

7. Special Feeding Equipment:

Check if not applicable OR list special feeding equipment (e.g. large handled spoon, sippy cup, etc.).

8. Foods to be Omitted and Substituted:

Check if not applicable OR list specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.

IMPORTANT: For a participant who does not have a recognized disability, the only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or a (2) non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. Currently the only beverages meeting these specifications are the items specified in the official list on www.kn-eat.org.

Omit Foods Listed Below:	Substitute Foods Listed Below:

9. Medical Authority's Information

Signature:

Title:

Printed Name:

Phone:

Date:

Part C. Parent/Guardian Permission – To be completed by a parent/guardian

I give permission for the center/home caregiver to follow the prescribed diet order for my participant's CACFP meals. I also give permission for my child's/participant's medical authority to further clarify the prescribed diet order on this form if requested to do so by center/home personnel.

Parent/Guardian's Signature:

Date:

Part D. Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural or Ethical Reasons – To be completed by a parent/guardian

Instead of fluid cow's milk, please provide the participant named in Part A. of this form with the following substitute (Check ONE):

Lactose-free cow's milk Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations

Parent/Guardian's Signature:

Date:

Definition of Disability:

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working and major bodily functions. The term "physical or mental impairment" includes, but is not limited to, such diseases, conditions, and functions as:

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy, Epilepsy, Muscular Dystrophy and Multiple Sclerosis
- Digestive, bowel and bladder
- Neurological and brain
- Respiratory
- Cancer
- Cardiovascular, circulatory and heart
- Metabolic and endocrine
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability are still considered to have a disability and require an accommodation.

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