

**Meal Substitution for Medical Reasons Form
Child and Adult Care Food Program**

1. Facility Name	2. Facility Address	3. Facility Phone Number
4. Name of Child/Adult Participant		5. Date of Birth
6. Name of Parent/Guardian		7. Telephone Number
<p>8. Check One: Child has a disability or medical condition that <u>requires</u> a special meal and/or accommodation. (Refer to definitions on reverse side of this form.) Sites participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment.</p> <p>Child does not have a disability but is requesting a special meal or accommodation due to a food intolerance or other medical reason. Note: This form is specific to medical reasons and not food preferences; facilities are encouraged to accommodate reasonable requests.</p>		
9. The child's disability or medical condition requiring a special meal or accommodation:		
10. If child has a disability, provide a brief description of his/her major life activity affected by the disability:		
11. Diet prescription and/or accommodation (please describe in detail to ensure proper implementation-use extra pages as needed):		
12. Indicate food texture for above participant:		
13. Foods to be omitted and substitutions (please list specific foods to be omitted and suggested substitutions. You may attach a sheet with additional information as needed):		
A. Foods to Be Omitted	B. Suggested Substitutions	
14. Adaptive equipment to be used:		
15. Signature of Recognized Medical Authority		16. Date
17. Printed Name:		18. Telephone Number:

A licensed physician, physician assistant or nurse practitioner must complete and sign this form.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail:

U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, fax: (202) 690-7442; or email: program.intake@usda.gov.
 This Institution is an equal opportunity provider

INSTRUCTIONS

1. ~~Site~~ **Site:** Print the name of the site where meals will be served (e.g., child care center, ~~school, day care center~~).
2. ~~Site~~ **Address:** Print the name of the site's address.
3. ~~Site~~ **Telephone Number:** Print the telephone number of site where meal will be served.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.).
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability (e.g., Allergy to peanuts causes a life-threatening reaction).
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by the recognized medical authority.
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
B. Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
15. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
16. **Printed Name:** Print name of medical authority.
17. **Telephone Number:** Telephone number of medical authority.
18. **Date:** Date medical authority signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

"Has a record of such an impairment" means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.