

Special Dietary Needs Tracking Form

CACFP program staff complete this form

CACFP program staff must complete this form for each participant served menu substitutions. 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 and a valid medical statement signed by a State licensed healthcare professional (physician, physician assistant, or nurse practitioner (APNP)) is on file. Programs must offer a reasonable modification.

Section II: Non-disability special dietary need - Complete when:

- Participant's family requests meal substitutions
- 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, etc.)
 - 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 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 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, or nurse practitioner (APNP))
- 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:
 - Family accepts program's accommodation(s)
 - Family 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) according to the medical statement
 - ✓ Program provides the modification(s), or family has chosen to provide the modifications(s), and the program is providing at least one component
- Do not claim meals:
 - ✓ Family has chosen to provide all foods; the program is not providing any component

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

Non-disability special dietary need requests are when the family requests specific foods not be served, specific food substitutions, or provides a medical statement not valid for a disability. Programs are not required but may choose to accommodate these requests. A family may choose to provide **one creditable** component towards a reimbursable meal for a non-disability special dietary need. All meal substitutions for these requests must meet meal pattern requirements.

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

- Attached is a written statement from the family, DCF Health History form, or medical statement not valid for a disability that:
- ✓ Identifies the special dietary need, including foods not to be served and allowable substitutions
 - ✓ Includes a statement that the family chooses to provide foods (if applicable)

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

- List specific food item(s) substituted by Program:
- ✓ Food substitutions must 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 the family:
- ✓ Programs must ensure that food provided by the family meets meal pattern requirements
 - ✓ If the family 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

Non-creditable beverages:

- Non-dairy beverages not nutritionally equivalent to cow's milk including almond, cashew, coconut, hemp, oat, rice and some soy milks
- 2% milk
- Water

When 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 Determination

Claim meals when:

- ✓ Section II of this form is complete and on file
- ✓ Family provides **no more than one** component at a meal or snack
- ✓ Substituted food(s) 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:

- ✓ Family provides more than one component
- ✓ Non-creditable food(s) are served

Check meal(s) that can be claimed:

- Breakfast
- Lunch/Supper
- Snacks