Section II: Non-disability special dietary need request

Meal substitutions for non-disability reasons must be documented below. A parent/guardian may choose to provide one creditable component towards a creditable meal for a non-disability special dietary need.

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

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

☐ Attached is a written statement from the parent/guardian that:
  ✓ Identifies the non-disability special dietary need, including foods not to be served and allowable substitutions
  ✓ A statement that the parent/guardian chooses to provide foods (if applicable)

☐ List specific food item(s) substituted by Program:
  ✓ Programs must ensure that food substituted 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 parent/guardian:
  ✓ Programs must ensure that food provided by parent/guardian meet meal pattern requirements
  ✓ If a parent 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

Claiming Meals

Claim meals when:
  ✓ Section II of this form is complete and on file
  ✓ Parent/guardian provides no more than one component at a meal or snack
  ✓ Food(s) substituted by the parent or program 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:
  ✓ Parent/guardian provides more than one component
  ✓ Non-creditable food(s) are served

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

Is it creditable?

Non-dairy milk products NOT creditable to the CACFP meal pattern include cashew, rice, almond, coconut, oat, or soy milks that are not nutritionally equivalent to cow’s milk. When served for a non-disability special dietary need, meals 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.
CACFP Special Dietary Needs Tracking Form

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

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
  - [x] Major life activities include eating, breathing, digestive, and respiratory functions, etc.
  - [x] Most physical and mental impairments will constitute a disability, it does not need to be life threatening
  - [x] 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 licensed medical authority (physician, physician assistant, or nurse practitioner (APNPN)) that provides:
  - [x] Information about:
    1. The impairment (reason for request)
    2. How it restricts the diet
    3. How to accommodate the impairment
  - [x] 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:
  - [x] 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:
  - [x] *Section I of this form, including all applicable documentation, is complete and on file*
  - [x] Program has made reasonable modification(s) to accommodate the disability
  - [x] 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:
  - [x] Parent/guardian has elected to provide all foods; the program is not providing any component

This institution is an equal opportunity provider.