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**Request for Meal Modifications in the Child and Adult Care Food Program (CACFP)**

This form provides a template for requests for meal modifications for children participating in the U.S. Department of Agriculture’s (USDA) CACFP facilities, which include childcare centers, at-risk afterschool care centers, emergency shelters, adult day care centers, and family day care homes. CACFP facilities are *required* to make reasonable meal modifications for children and adults whose food allergies and medical conditions impairs a major bodily function, per the American with Disabilities Act Amendment Act. CACFP facilities are *encouraged* but not required to make meal modifications for requests based on religious or lifestyle preferences (i.e. vegan or vegetarian). This form is provided as a template and is not a program requirement, however, requests for meal modifications due to food allergies or medical conditions must be supported by a medical statement which meets the criteria listed below.

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| **Medical Statement Requirement:** The USDA requires that the medical statements to support meal modification requests for food allergies or other medical conditions include: 1) information about the child’s physical or mental impairment that is sufficient to allow the CACFP facility to understand how the impairment restricts the child’s diet; 2) an explanation of what must be done to accommodate the child’s disability; and 3) if appropriate, the food or foods to be omitted and recommended alternatives. **CACFP facilities should not deny or delay a requested meal modification because the medical statement does not provide sufficient information.** When necessary, CACFP facilities should work with the child’s parent or guardian to obtain the required information. While obtaining additional information, the CACFP facility should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible.  |

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**Sponsor Responsibilities**

* Sponsors should not engage in determining whether an identified condition qualifies as a ‘disability’ and should instead focus on working with families on identifying reasonable modifications.
* Additional costs cannot be charged to parents and parents cannot be required to provide their own meal modification, however, parents may elect to provide one or more food items as part of a meal modification if mutually agreed upon by the family and the center and supported by appropriate documentation.
* Provisions for meeting special dietary needs should be included in contracts with vendors and Food Service Management Companies.
* Food service is not required to provide the exact food substitute as listed on the medical statement.
* Sponsors should continue to provide some form of reasonable modification, even when they are in disagreement with parents as to the best course of action.
* Families must be made aware of the ability to request meal modifications.

**PLEASE COMPLETE THE FOLLOWING:**

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| **1. SPONSOR Name** | **2. Site Name, if different from #1.** | **3. Site Telephone Number** |
| **4. Name of Participant** | **5. Date of Birth** |
| **6. Name of Parent or Guardian** | **7. Telephone Number** |
| 1. **Check One:**
* Participant has a food allergy or a medical condition and *requires* a special meal or modification. Sponsors must make reasonable modifications for persons with disabilities. **A licensed physician must sign this form.**
* Participant does not have a food allergy or medical condition, but is *requesting* a special meal or modification due to religious or lifestyle/dietary preference. Sponsors are encouraged but not required to provide modifications for non-disability requests. **A signature from a medical professional is not required for non-disability modification requests.**
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| 1. **Foods to be omitted and recommended substitutions: (*please list specific foods to be omitted and recommended substitutions; attach a sheet with additional information as needed*)**

**A. Foods To Be Omitted B. Foods to be Substituted** |
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| 1. **Provide a brief description of what will happen if the child comes in contact with the food(s) to be omitted:**
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| 1. **If applicable, Indicate texture and list foods that require a change in texture. Indicate “all” if all foods should be prepared in this manner:**
* Chopped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ground: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pureed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 1. **Adaptive Equipment (ex sippy cup, large handled spoon, wheel-chair accessible furniture):**
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| 1. **Signature of Parent/guardian\***
 | 1. **Printed Name**
 | 1. **Telephone Number**
 | 1. **Date**
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| 1. **Signature of Medical Authority\***
 | 1. **Printed Name**
 | 1. **Telephone Number**
 | 1. **Date**
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**\* Licensed Health Care Professional (Physician, Physician’s Assistant or Nurse Practitioner) signature is required for participants with an allergy or other medical condition. For participants without an allergy or medical condition, a parent/guardian must sign the form.**

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

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Further, the Rhode Island Department of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion, national origin or disability. To file a complaint of discrimination with the State of Rhode Island, write to the Rhode Island Department of Education, Director, Office of Equity and Access, 255 Westminster Street, Providence, RI 02903 or call (401) 222-8979.

The American with Disabilities Act Amendment Act defines a “disability,” in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual.

**(For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008)**

**Information regarding the ADAAA, which expanded the definition of disability, can be found at:** [**https://www.eeoc.gov/laws/regulations/adaaa\_fact\_sheet.cfm**](https://www.eeoc.gov/laws/regulations/adaaa_fact_sheet.cfm)