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
  - [✓] 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 written medical statement from a State licensed healthcare professional (physician, physician assistant, or nurse practitioner (APNP)) that provides:
  - [✓] Information about:
    1. The impairment (reason for request)
    2. How it restricts the diet
    3. How to accommodate the impairment
  - [✓] 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:
  - [✓] 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:
  - [✓] Section I of this form, including all applicable documentation, is complete and on file
  - [✓] Program has made reasonable modification(s) to accommodate the disability
  - [✓] 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:
  - [✓] Parent/guardian has elected to provide all foods; the program is not providing any component

This institution is an equal opportunity provider.
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 reimbursable 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

<table>
<thead>
<tr>
<th>Is it creditable?</th>
</tr>
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<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

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