

Special Dietary Needs Tracking Form

CACFP program staff complete this form

CACFP staff must complete this form for each participant served menu substitutions. This form and applicable documentation, as specified, must be kept on file.

Section I: Disability - Complete when a participant has an impairment 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 page. Check off boxes when action is completed.

- 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. Impairment does not need to be life threatening; ex. lactose intolerance is a physical impairment of the digestive function
- 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:
 - ✓ Must be appropriate to accommodate the participant, but does not have to be the exact modification requested

- Choose One. Family of participant:
 - Accepts program's accommodation(s)
 - Declines program's accommodation(s) and chooses to provide: _____

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

- Discuss participant's meal modifications with staff, including when meals can and cannot be claimed. Record date discussed with staff:

Claim meals when:

- ✓ Program has made reasonable modification according to the medical statement
- ✓ Program provides the modification or family chooses to provide the modification. The program must provide at least one component

Do not claim meals when:

- ✓ Family chooses to provide all foods (the program is not providing any components)

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

Complete this entire page. Check off boxes when action is completed.

- Participant has a non-disability request (check all that apply):
- Religious Ethnic Lifestyle preference (circle: vegetarian, organic) Other: _____
- Attached is a written statement from the family, DCF Health History form, or medical statement not valid for a disability that:
- ✓ Identifies the non-disability request, including foods not to be served and allowable substitutions
 - ✓ Includes a statement that the family chooses to provide foods (if applicable)

- List specific food item(s) the program chooses to substitute:
- ✓ 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

- List specific food item(s) provided by the family:
- ✓ A family may choose to provide one creditable component
 - ✓ Programs must ensure that food provided by the family meets meal pattern requirements
 - ✓ If the family provides more than one component or 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

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)

- Check meal(s) that can be claimed:
- Breakfast Lunch/Supper Snacks
- Discuss participant's meal modifications with staff, including when meals can and cannot be claimed. Record date discussed with staff:

Claim meals when:

- ✓ Substituted foods and beverages are creditable to the meal pattern
- ✓ All other required meal/snack components are provided by the program
- ✓ Family provides **no more than one creditable** component at a meal/snack

Do not claim meals when:

- ✓ Family provides more than one component
- ✓ Non-creditable food(s) are served (this includes program-provided and family-provided)