

# PREFERENCE MODIFIED MEAL REQUEST FORM

For Use in the USDA School Nutrition Programs, Child and Adult Care Food Program, & Summer Food Service Program

*This form may be used to request a meal modification for a child with a preference (i.e., not a physical or mental impairment) that restricts their diet. Please note, federal regulations provide meal program Sponsors with the option to accommodate food preferences.*

## SECTION 1: CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

## SECTION 2: MEAL MODIFICATION INFORMATION

1. Provide a description of how the child's diet is restricted.

2. Are there any food items and/or ingredients that must be avoided? ☐ Yes ☐ No

If yes, please list the food items and/or ingredients to be avoided.

List alternatives that may be provided for any items or ingredients above.

3. List any additional modifications needed to accommodate the child's preference.

## SECTION 3: SIGNATURES

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Illinois**  
State Board of  
Education

**SEND COMPLETED FORMS TO**

[Staff Name/Title]  
[Facility Name]  
[Email/Fax/Mailing Address]

**SPONSOR/SCHOOL FOOD AUTHORITY USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_


Date(s) of Follow-Up Communication\* \_\_\_\_\_

*\*Attach documentation of pertinent information received from any follow-up communication to this form.*

**Nondiscrimination Statement**

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 online](#) , or obtain the form 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](mailto:program.intake@usda.gov)



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