acd
Establishing
Healthy Eating Habits
To Last A Lifetime

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CACFP REQUEST FOR SPECIAL DIETARY NEEDS ACCOMMODATIONS

The information on this form should be updated as necessary to reflect the current needs of the participant.

1. Provider Name/Site Name:	2. ACD Provider Number:	3. Provider Telephone:
4. Name of Participant:		5. Participant Date of Birth:
6. Name of Parent/Guardian:		7. Parent/Guardian Telephone:

8. Check One:

☐ Participant has a disability and *requires* a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. One of the following licensed medical professionals must sign this form: **licensed physician (MD or DO), physician's assistant (PA), or nurse practitioner (NP).**

☐ Participant *does not have a disability*, but is requesting a special meal or accommodation due to other non-disability related medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. **A licensed physician (MD or DO), physician's assistant (PA), registered dietitian nutritionist (RDN), nurse practitioner (NP) or speech pathologist must sign this form.**

☐ Participant *does not have a disability*, but is requesting a special accommodation for a **fluid milk substitute** that meets the USDA nutrient standards for non-dairy beverages offered as milk substitutes. Granting the request of a non-dairy milk substitute is at the discretion of the facility. **A licensed physician, physician's assistant, registered dietitian nutritionist, nurse practitioner, or parent/guardian may sign this form.**

9. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:

10. Diet prescription and/or accommodation (please describe in detail to ensure proper implementation-use extra pages as needed)

11. Foods to be omitted and substitutions: (please list specific foods to be omitted and suggested substitutions; you may attach a sheet with additional information as needed.)

A. Food(s) To Be Omitted	B. Suggested Substitution(s)

12. Indicate Texture: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

13. Adaptive Equipment (if necessary):

14. Signature of Parent/Guardian:	15. Printed Name:	16. Telephone:	17. Date:
18. Signature of Medical Authority:	19. Printed Name: (Include credentials)	20. Telephone:	21. Date:

Sponsor Use Only

Supervisor Signature _____ Date _____

☐ Approved
☐ Denied

REQUEST FOR SPECIAL DIETARY NEEDS ACCOMMODATIONS INSTRUCTIONS

1. **Provider Name/Site Name:** Print the name of the Provider or child care facility supplying the form to the parent and site where meals will be served (e.g. XYZ child care center, XYZ family day care home)
2. **ACD Provider Number:** Print your six digit ACD Provider number or four digit center number
3. **Provider Telephone:** The telephone number of site where meal will be served. See #1.
4. **Name of Participant:** Print the name of the child participant to whom the information pertains.
5. **Participant Date of Birth:** Print the participant's Date of Birth.
6. **Name of Parent/Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Parent/Guardian Telephone:** Print the telephone number of the parent/guardian.
8. **Check One:** Select the appropiate box to indicate whether participant has a disability, does not have a disability but is requesting a special meal or accomodation, or does not have a disability but is requesting special accommodation for a fluid milk substitution.
9. **If participant has a disability, provide a brief description of participant's major life activity affected by the disability:** Describe how the physical or medical condition affects the participant. For example: "Consuming peanuts causes a life-threatening reaction."
10. **Diet prescription and/or accommodation:** Describe the specific diet or accommodation that has been prescribed by a medical authority or describe diet modification requested for a non-disabling condition. For example:"All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
11. **(A) Food(s) to be omitted:** List specific foods that must be omitted. For example,"exclude fluid cow's milk." **(B) Suggested substitution(s):** List specific foods to include in the diet. For example, "Nutritionally equivalent non-dairy beverage."
12. **Indicate texture:** Check a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular."
13. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. Examples may include: sippy cup, large handled spoon, wheel-chair accessible furniture, etc.
14. **Signature of Parent/Guardian:** Signature of parent/guardian requesting the accommodation.
15. **Printed Name:** Print name of parent/guardian completing the form
16. **Telephone:** Telephone number of parent/guardian
17. **Date:** Date parent/guardian signs form.
18. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation. SIGNATURE REQUIRED IF PARTICIPANT HAS A DISABILITY.
19. **Printed Name:** Print name of medical authority. Include credentials.
20. **Telephone:** Telephone number of medical authority.
21. **Date:** Date medical authority signed form.

When form is complete mail, fax, or email to ACD office for documentation of records.

Disability Definition: The Americans 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). More Information regarding the ADAAA, which expanded the definition of disability, see the Comparison of ADA and ADAAA sheet (http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf).

This project is funded at least in part by USDA funds through the Michigan Department of Education and/or the Illinois State Board of Education.