VIRGINIA CACFP
Child and Adult Care Food Program

CACFP SPECIAL DIETARY PRESCRIPTION FORM

1. School/Agency Name	2. Site Name	3. Site Telephone Number
4. Name of Participant		5. Age or Date of Birth
6. Name of Parent or Guardian		7. Telephone Number

8. Check One:

_____Participant has a disability or a medical condition and *requires* a special meal or accommodation. (Refer to instructions on the following page.) Schools and agencies participating in Federal Child Nutrition (CN) Programs must comply with requests for special meals and any equipment. **A LICENSED PHYSICIAN MUST SIGN THIS FORM.**

___ Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in Federal Child Nutrition (CN) Programs are encouraged to accommodate reasonable requests. **A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER MUST SIGN THIS FORM.**

___ Participant does not have a disability, but is requesting a special accommodation for a **fluid milk substitute** that meets the nutrition standards for non-dairy beverages offered as milk substitutes. Food preferences are NOT an appropriate use of this form. Schools and agencies participating in Federal Child Nutrition (CN) Programs are encouraged to accommodate reasonable requests. **A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT, NURSE PRACTITIONER OR PARENT/GUARDIAN MUST SIGN THIS FORM.**

9. Disability or medical condition requiring a special meal or accommodation:

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

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

12. Foods to be omitted and substitutions: ***(Please list specific foods to be omitted and suggested substitutions. Attach additional information sheets as needed.)***

FOODS TO BE OMITTED	SUGGESTED SUBSTITUTIONS

13. Indicate texture ***(Please circle one)*****:**

REGULAR CHOPPED MECHANICAL SOFT PUREED

14. Adaptive Equipment:

15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date

*Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability.

The information on this form must be updated whenever necessary to reflect the current medical and/or nutritional needs of the participant.

This institution is an equal opportunity provider.

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CACFP SPECIAL DIETARY PRESCRIPTION FORM INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check ( ) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction."
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, 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."
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. **Foods to Be Omitted:** List specific foods that must be omitted. For example, "exclude fluid milk."
    Suggested Substitutions: List specific foods to include in the diet. For example, "calcium fortified juice."
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
15. **Signature of Preparer:** Signature of person completing form.
16. **Printed Name:** Print name of person completing form.
17. **Telephone Number:** Telephone number of person completing form.
18. **Date:** Date preparer signed form.
19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
20. **Printed Name:** Print name of medical authority.
21. **Telephone Number:** Telephone number of medical authority.
22. **Date:** Date medical authority signed form.

The American with Disabilities Act Amendment Act (ADAAA) of 2008 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 ADAAA.)

Information regarding the ADAAA, which expanded the definition of disability, can be found at:
http:l/www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pd

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