

MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your participant of the Child and Adult Care Food Program (CACFP) that cannot be achieved within the federal meal pattern requirements. Therefore, in order to meet your participant's needs, this form must be completed and returned to the care provider. The form must be completed by a State Licensed Health Care Professional (Physician (MD or DO), Physician's Assistant (PA), Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), or Chiropractor. A Licensed Medical Nutrition Therapist (LMNT) may also complete and sign when acting under the consultation of the licensed physician.

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| Name of Participant: | | Date of Birth: |
| Name of Parent/Guardian: | | Telephone: |
| Address: | City: | State/Zip: |
| Email Address: | | |
| Description of participant's physical or mental impairment that restricts the diet: | | |
| Specify any dietary restrictions or special instructions for meals: | | |
| If applicable, list foods to omit: | If applicable, list foods to substitute: | |
| Texture Modifications: | Thickness Modifications: | |
| Signature of State Licensed Health Care Professional: | Name of referring physician working with LMNT <i>(if applicable)</i> : | |
| Printed Name and Title: | Phone Number: | Date: |

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individual who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877- 8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

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| Internal Use – Care Provider's Information |
| Return to: _____ |
| Phone number: _____ |
| Date form received by providers: _____ |
| Follow-up: _____ |