

## Request for Meal Accommodation

This form maybe used to request meal modifications for participants of the Child and Adult Care Food Program (CACFP) who have a physical or medical impairment. The care provider will work collaboratively with parents/guardians to ensure equal opportunity to participate in the CACFP and receive program benefits. However, if the care provider is unable to accommodate your participant’s meal modification within the meal pattern requirements, a *Medical Statement* completed by a State licensed Medical Professional will be needed (CACFP 17-2016).

**Parent/Guardian:**

Completing the *Request for Meal Accommodation* form helps the care provider accommodate meal modifications within the meal pattern requirements for participants with a mental or physical impairment. Your participation in this process is important and allows for advanced planning and preparation needed to provide the accommodation. The care provider is not required to provide a specific substitution (such as a particular brand name), but must offer a reasonable modification that effectively accommodates your participant’s needs.

Name of Participant:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:		
Specify any dietary restrictions or special instructions for meals:		
Describe the participant’s physical or mental impairment:		
<p><b>IMPORTANT:</b> Reimbursable milks for children two years old and older and adults include low-fat or fat-free milk, low-fat or fat-free lactose reduced milk, low-fat or fat-free lactose free milk, low-fat or fat-free buttermilk, or low-fat or fat-free acidified milk (7 CFR 226.20(a)(1)). Milk must be pasteurized fluid milk that meets State and local standards. Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow’s milk. The nutrient standards for non-dairy beverages are outlined in the CACFP regulations at 7 CFR 226.20(g)(3). To see the non-dairy beverages that meet the this requirement visit <a href="https://www.education.ne.gov/ns/forms-resources/child-and-adult-care-food-program/">https://www.education.ne.gov/ns/forms-resources/child-and-adult-care-food-program/</a></p>		

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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](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](mailto:program.intake@usda.gov)

Internal Use – Child Care Provider Information

Return \_\_\_\_\_ to: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date form received by child care provider: \_\_\_\_\_

Follow-up: \_\_\_\_\_

This institution is an equal opportunity provider.

