

**Request for Meal Accommodation**

This form may be 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:		
Signature of Parent/Guardian		Date:

**IMPORTANT:** 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 this requirement visit <https://www.education.ne.gov/ns/forms-resources/child-and-adult-care-food-program/>

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, audiotope, 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 which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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)

This institution is an equal opportunity provider.

Internal Use – Child Care Provider Information

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

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

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

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