



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)  
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

**MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS**

SPONSOR NAME	SITE NAME, IF DIFFERENT	SITE TELEPHONE NUMBER
NAME OF PARTICIPANT		DATE OF BIRTH
NAME OF PARENT OR GUARDIAN		TELEPHONE NUMBER

Participant has a disability or medical condition and requires a meal substitution or accommodation. CACFP institutions, schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. **A licensed physician, physician assistant, or nurse practitioner must complete and sign this form.** Food preferences are not an appropriate use of this form. Food preferences may be met with substitutions within the program required meal pattern.

CACFP participant does not have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. **A parent or guardian may sign this form.** Food preferences are not an appropriate use of this form. CACFP institutions, schools, and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests.

**Note: If a milk substitute is requested that does not meet the nutrient standards for non-dairy beverages, this form must be completed and signed by a licensed physician, physician assistant, or nurse practitioner.**

Disability or medical condition requiring a special meal or accommodation. (Describe the medical condition that requires a special meal or accommodation, for example: juvenile diabetes, peanut allergy, etc.):

If participant has a disability or medical condition, provide a brief description of participant's major life activity affected by the disability:

Diet prescription and/or accommodation: (Describe in detail to ensure proper implementation - use extra pages as needed, for example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods.")

Foods to be omitted and substitutions. List specific foods to be omitted and required substitutions; if needed attach a sheet with additional information.

Foods to be omitted	Substituted Foods

Indicate texture:  Regular  Chopped  Ground  Pureed

Adaptive equipment, describe specific equipment required to assist the participant with dining. Examples may include sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.

SIGNATURE OF PREPARER	PRINTED NAME	DATE
SIGNATURE OF MEDICAL AUTHORITY	PRINTED NAME	DATE



## MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant. It is recommended to review the form on an annual basis.

The medical statement should include a description of the participant's physical or mental impairment that is sufficient to allow the program operator to understand how it restricts the participant's diet. It should also include an explanation of what must be done to accommodate the disability. If the medical statement is unclear, or lacks sufficient detail, program operators must obtain appropriate clarification so that a proper and safe meal can be provided.

### Definitions.

**Disability:** a physical or mental impairment which substantially limits one or more "major life activities," a record of such impairment, or regarded as having such impairment.

**Major life activities** are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

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.

For more information on documentation required, refer to the CACFP program manuals at: [www.health.mo.gov/cacfp](http://www.health.mo.gov/cacfp).

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, audiotape, 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.