Clinton Hill EARLY HEAD START

Clinton Hill Community & Early Childhood Center, Inc.

Child and Adult Care Food Program
SPECIAL DIET STATEMENT/SPECIAL ACCOMMODATION FORM

(Food preferences are not an appropriate use of this form)

1. Name of Participant (Last, First)	2. Age or Date of Birth
3. Name of Parent or Guardian	4. Telephone Number
5. Institution/Child Care Provider Name	6. Telephone Number

7. Check One:

☐ Participant has a disability or a medical condition and *requires* a special meal or accommodation (Refer to instructions below). Child care providers and school food authorities participating in federal nutrition programs **must** comply with requests for special meals and any adaptive equipment. **A licensed physician, advance practice nurse, dentist, or physician assistant 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. Child care providers and school food authorities participating in federal nutrition programs are encouraged to accommodate reasonable requests. In order to serve a reimbursable meal or snack, sites are required to purchase and provide the recommended substitute food(s) indicated by the medical authority. **A licensed physician, advance practice nurse, dentist, or physician assistant must sign this form if the accommodation causes the meal to deviate from the meal pattern requirements.**

8. 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, allergy to peanuts, etc.

9. 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."

10. Diet prescription and/or accommodation: Please describe in detail to ensure proper implementation. Use extra pages as needed.
Describe a specific diet or accommodation prescribed by a physician, advance practice nurse, dentist, or physician assistant; or describe diet modification requested for a non-disabling condition.

11. Foods to be omitted and substitutions:
List specific foods to be omitted and suggested substitutions. An additional sheet may be attached with additional information as needed. List specific foods that must be omitted. For example: "Exclude fluid milk and soy milk or soy products."

A. Foods To Be Omitted	B. Suggested Substitutions

12. If texture accommodations are needed, indicate texture needed by checking one of the boxes below:
Chopped ☐ Ground ☐ Pureed ☐ Liquid ☐

13. 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.

14. Signature of Parent/Guardian **Date Signed**

15. Signature of Medical Authority**	16. Printed Name of Medical Authority	17. Telephone Number	18. Date

19. Medical Office Name and Address

***The definition of a medical disability is substantially limited life activity or major bodily functions.**

****Physician, advance practice nurse, dentist, or physician assistant signature is required for participants with a disability. For participants without a disability, a licensed physician, dentist, physician assistant, registered dietitian, or advance practice nurse must sign the form.**

This form must be updated annually. If the participant is an infant, this form must be updated every six month.

The American with Disabilities Act Amendment Act 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 Americans with Disabilities Act Amendments Act of 2008.

Locate information regarding the ADAAA, which expanded the definition of disability, at:
https://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf

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