Wisconsin Early Childhood Association

Verification of Special Needs

Dear Parent or Guardian,

Your family child care provider has requested to claim food reimbursement for an individual who is 13 years or older. Your provider may be reimbursed for meals/snacks served to individuals 13 years or older if there is a physical or mental impairment which substantially limits one or more major life activities.

Under Section 504 of the *Rehabilitation Act of 1973,* and the *Americans Disabilities Act (ADA) of 1990,* a person with disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such impairment. Major life activities covered by this definition include care for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing and working.

Please complete the attached Verification of Special Needs Form to determine if the criteria for claiming an individual 13 years or over are met.

1. A signed **Special Needs Verification Form.**

2. A **copy of the Providers Regulation to care specifically for adults with special needs**; **or a signed Statement of Regulatory Compliance (waiver)** from the child care agency (certification or licensing).

3. A **current Child Enrollment Form** must be on file.

4. **If the individual resides with the provider**, such as Provider's own child or a foster child, **the appropriate income eligibility application must be approved.**

All of the completed documentation must be received at the WECA CACFP office no later than the claim due date. For example: A special needs individual begins care on November 18. All of the documentation must be received by December 5, which is the due date for a November claim. If the documentation is received after December 5, the earliest possible effective date is December 1. Reimbursement for this person could not be made for days claimed in November. Adjustments cannot be made for late or missing documentation.

Please return the completed form to your provider. If you have any questions, please contact WECA at 800-783-9322, ext. 7245.

Verification of Special Needs

Part 1. To be completed by the provider

Provider Name	CACFP #

Part 2. To be completed by parent

Parent or Guardian's Name		Date
Street	City	Zip
Phone Number ( )		
Child's Name		

Part 3. To be completed by child's physician or authorized school personnel

Description of disability:	
Signature	Title
School District/Clinic	Date

Name of Certifier or Licensor	Phone number
For office use	

Part 4 Special feeding or nutritional needs

(To be completed by a physician or other recognized medical authority)
For feeding or nutritional need(s) that require a variance from the CACFP nutritional requirements listed the reverse side

List any dietary restrictions or special diet.
List any allergies or food intolerance to avoid.
List foods to be substituted.
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground:
List any special equipment or utensils that are needed.
Indicate any other comments about eating or feeding patterns.
Physician or Medical Authority's Signature
Print Name
Date Phone number ( )