

Family day care home providers must complete this form for each child served menu substitutions. Keep this form and documentation, as specified below, on file.

**Section I: Disability** - Complete when a child has a disability that restricts eating and/or feeding and a valid medical statement signed by a State licensed healthcare professional (physician, physician assistant, or nurse practitioner (APNP)) is on file. Providers must offer a reasonable modification.

**Section II: Non-disability special dietary need** - Complete when:

- Child's family requests meal substitutions
- A medical statement not valid for a disability is provided. Examples:
  - Statement from a non-licensed health care professional (e.g. registered nurse, dietitian, or chiropractor, etc.)
  - Statement from a licensed health care professional that specifies a family's dietary preference, not a disability (e.g. statement indicates child may drink rice milk per parent)

Provider's Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date form completed \_\_\_\_\_

## Section I: Disability

*Complete this entire section and then select if meals can or cannot be claimed at the bottom.*

- Child has a physical or mental impairment that substantially limits one or more major life activities
  - ✓ Major life activities include eating, breathing, digestive, and respiratory functions, etc.
  - ✓ Most physical and mental impairments will constitute a disability, it does not need to be life threatening
  - ✓ Ex. Lactose intolerance is a physical impairment of the digestive function; it does not have to cause severe distress
- Attached is a valid written medical statement which includes:
  - ✓ Description of impairment (reason for request)
  - ✓ How to accommodate the impairment (e.g. food(s) to be avoided and recommended substitution(s))
  - ✓ Signature from state licensed healthcare professional (physician, physician assistant, or nurse practitioner (APNP))
- List substitution(s)/modification(s) offered by the provider that effectively accommodates the disability:
  - ✓ Substitutions or modifications offered must accommodate the child, but do not have to be the exact modification requested

\_\_\_\_\_
- Choose One:
  - Family accepts provider's accommodation(s)
  - Family declines provider's accommodation(s) and chooses to provide: \_\_\_\_\_

\_\_\_\_\_

### Claiming Meals Determination

- Claim meals:
  - ✓ Section I of this form, including all applicable documentation, is complete and on file
  - ✓ Provider has made reasonable modification(s) according to the medical statement
  - ✓ Provider supplies the modification(s), or family has chosen to supply the modifications(s), and the provider is supplying at least one component
- Do not claim meals:
  - ✓ Family has chosen to provide all foods; the provider is not supplying any component

Provider's Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date form completed \_\_\_\_\_

## Section II: Non-disability special dietary need (SDN) request

Non-disability special dietary need requests are when the family requests specific foods not be served, specific food substitutions, or provides a medical statement not valid for a disability. Providers are not required but may choose to accommodate these requests. A family may choose to provide **one creditable** component towards a reimbursable meal for a non-disability special dietary need. All meal substitutions for these requests must meet meal pattern requirements.

*Complete this entire section and then select if meals can or cannot be claimed at the bottom.*

Attached is a written statement from the family, DCF Health History form, or medical statement not valid for a disability that:

- ✓ Identifies the special dietary need, including foods not to be served and allowable substitutions
- ✓ Includes a statement that the family chooses to provide foods (if applicable)

Child's non-disability special dietary need (check all that apply):

- Religious  Ethnic  Lifestyle preference (circle: vegetarian, organic)  Other: \_\_\_\_\_

List specific food item(s) substituted by Provider:

- ✓ Food substitutions must meet meal pattern requirements
- ✓ If a food substitution does not meet meal pattern requirements, **do not claim** that meal/snack

1. \_\_\_\_\_ CACFP creditable:  Yes  No
2. \_\_\_\_\_ CACFP creditable:  Yes  No
3. \_\_\_\_\_ CACFP creditable:  Yes  No
4. \_\_\_\_\_ CACFP creditable:  Yes  No

List specific food item(s) provided by the family:

- ✓ Providers must ensure that food provided by the family meets meal pattern requirements
- ✓ If the family provides a food substitution that does not meet meal pattern requirements, **do not claim** that meal/snack

1. \_\_\_\_\_ CACFP creditable:  Yes  No
2. \_\_\_\_\_ CACFP creditable:  Yes  No
3. \_\_\_\_\_ CACFP creditable:  Yes  No
4. \_\_\_\_\_ CACFP creditable:  Yes  No

### Non-creditable beverages:

- Non-dairy beverages not nutritionally equivalent to cow's milk including almond, cashew, coconut, hemp, oat, rice and some soy milks
- 2% milk
- Water

When served in place of cow's milk, meals/snacks cannot be claimed

**Meatless substitutes** made from alternate protein and/or textured vegetable protein ingredients may only credit to the CACFP meal pattern with a Child Nutrition (CN) Label or Product Formulation Statement (PFS)

### Claiming Meals Determination

Claim meals when:

- ✓ *Section II of this form is complete and on file*
- ✓ *Family provides **no more than one** component at a meal or snack*
- ✓ *Substituted food(s) are creditable to the meal pattern (creditable means foods count toward meeting meal pattern requirements)*
- ✓ *Provider supplies all other required components and all foods are creditable to the meal pattern*

**Do not claim meals when:**

- ✓ Family provides more than one component
- ✓ Non-creditable food(s) are served

Check meal(s) that can be claimed:

- Breakfast  
 Lunch/Supper  
 Snacks