

SPECIAL DIET FORM

The childcare provider must submit this form along with a completed Special Dietary Needs Tracking Form

WECA provider's first/last name _____ 6-digit WECA ID# _____

Child's first/last name _____ ID # _____ Child's date of birth _____

PARENT/GUARDIAN REQUEST FOR SERVING AN ALTERNATE MILK DUE TO PREFERENCE FOR CHILD 1 YEAR OR OLDER.

Parent/Guardian must complete. The following are required. (1) Check the boxes below for the milk substitute(s) preference and who's providing it. (2) Print your name, date, and sign.

The following dairy milks are creditable substitutions that do not require a valid medical statement.

Alternate Dairy Milks for 1 year old must be whole, and ages 2+ years must be low-fat (1%) or fat-free (skim):

- Lactose-free milk Lactose-reduced milk Goat milk Buttermilk Acidified milk

The following non-dairy milks may be creditable substitutions. However, whether they meet the USDA required nutrient standards is subject to change. Check the Nutrition Facts Label to verify it meets the required nutrient levels before purchasing: 276mg Calcium, 8g Protein, 500iu VitA, 100iu VitD, 24mg Magnesium, 222mg Phosphorus, 349mg Potassium, .44mg Riboflavin, 1.1mcg VitB-12.

Non-Dairy Milks for Ages 1-5 years (must be unflavored):

- 8th Continent Soymilk: Original Pacific All Natural Ultra Soy: Original Sunrich Naturals: Original Soymilk
 Kirkland Signature Organic Soymilk: Plain Walmart Great Value Soymilk: Original Silk Soymilk: Original
 Other unflavored non-dairy milk that meets the USDA required nutrient standards (attach product information)

Non-Dairy Milks for Ages 6+ years:

- 8th Continent Soymilk: Original/Vanilla Kikkoman Pearl Organic Soymilk Smart: Chocolate/Creamy Vanilla
 Kirkland Signature Organic Soymilk: Plain Sunrich Naturals: Original Soymilk/Vanilla Soymilk
 Walmart Great Value Soymilk: Original Pacific All Natural Ultra Soy: Original/Vanilla Silk Soymilk: Original
 Other non-dairy milk that meets the USDA required nutrient standards (attach product information)

Print parent name _____ Parent signature _____ Date _____

This alternate milk will be supplied by: the provider the parent/guardian

PARENT REQUEST FOR MEAL SUBSTITUTION(S) DUE TO RELIGIOUS, ETHNIC, OR LIFESTYLE REASONS NOT DUE TO ALLERGY, INTOLERANCE, OR OTHER DISABILITY.

Parent/Guardian must complete. All fields are required. The child care provider may only claim this child's meals for CACFP reimbursement when the substitution(s) meet CACFP meal pattern requirements and the parent/guardian chooses to supply zero or one meal component for this dietary change.

Specify change _____

Reason for change _____

Substitute(s) _____

Print parent name _____ Parent signature _____ Date _____

Substitution(s) will be supplied by: the provider the parent/guardian

DIETARY CHANGE REQUEST DUE TO ALLERGY, INTOLERANCE, OR OTHER DISABILITY. Must be completed and signed by one of the following medical professionals: Physician, Physician Assistant, or Advanced Practice Nurse Prescriber (APNP). All fields are required. The child care provider must offer to supply a reasonable modification to accommodate this child's disability and provide equal opportunity to participate in CACFP. The childcare provider may claim this child's meals for CACFP reimbursement whether or not the modification meets CACFP meal pattern requirements as long as it is supported by the information detailed below by the medical professional and the provider supplies at least one of the meal components.

Description of Allergy/Intolerance/Other Disability: _____

How exposure to allergen affects child: _____

How it restricts diet: _____

Substitutes/How to accommodate: _____

Print medical professional's name _____ Medical professional's signature _____

Clinic name _____ Phone # _____ Date _____