Child Nutrition Programs
Medical Statement to Request Special Meals
and/or Accommodations

A recognized Medical Authority must fill out a Medical Statement to Request Special Meals and/or Accommodations form and return it to the school, child or adult care facility/provider. Agencies have an obligation to provide alternate foods to those participants who meet any of the below listed definitions.

The medical statement shall identify:

- The participant's disability or medical condition with an explanation of why the disability restricts the participant's diet;
- The major life activity affected by the disability or medical condition requiring accommodations;
- The specific diet or accommodation that has been prescribed by the medical authority. For example: "All foods must be in liquid or pureed form. Participant cannot consume any solid foods."
- The type of texture of food that is required,
- The specific foods that must be omitted and suggested substitutions
- The specific equipment required to assist the participant with dining. Examples might include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.

Definitions:

"A person with a disability" is defined as any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

"Physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, specific learning disabilities.

"Major life activities" are defined as "functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working."

"Major Bodily Functions" have been added to major life activities and include the "functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions."

"Has a record of such an impairment" is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

"Recognized Medical Authority" means state recognized medical professional with prescriptive authority such as, licensed physician, physician's assistant, or nurse practitioner.

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Please fax form to
Alaska Family Child Care Association

Or Child Care Provider
Fax Number: 907-274-2238

***Form must be signed by state recognized medical professional with prescriptive authority such as, licensed physician, physician's assistant, or nurse practitioner. Parent/legal guardian signature is acceptable for creditable fluid milk substitution that meets the milk nutrient requirements.**

1. School/Agency Name	2. Site Name	3. Site Telephone Number
4. Name of Participant		5. Age or Date of Birth
6. Name of Parent or Guardian		7. Telephone Number

8. Description of Child's Physical or Mental Impairment Affected and how it restricts the diet:

9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:

10. Foods to be omitted and substitutions: (*please list specific foods to be omitted and suggested substitutions. You may attach a sheet with additional information as needed)*

A. Foods To Be Omitted	**B. Suggested Substitutions**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11 .Indicate texture:

☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

12. Adaptive Equipment to be Used:

13. Signature of Medical Authority*	14. Printed Name	15. Telephone Number	16. Date

Citations: Rehabilitation Act of 1973, Section 504; 7 CFR Part 15b; 7 CFR Sections 210.10(i)(1), 210.23(b);215.14, 220.8(f), 225.16(f)(4), and 226.20(h); FNS Instructions 783-2, Rev. 2 and 784-3. "USDA and the State of Alaska are equal opportunity providers and employers"

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REQUEST for SPECIAL MEALS AND/OR ACCOMMODATIONS

INSTRUCTIONS

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Description of Child's Physical or Mental Impairment Affected:** Describe the physical or mental impairment and how it restricts the child's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe the specific diet prescription and/or accommodation the provider should follow. (e.g. for participant with diabetes this could include help tracking food intake).
10. **A. Foods to Be Omitted:** List specific foods that must be omitted. (e.g., exclude fluid milk.)
    B. Suggested Substitutions: List specific foods to include in the diet. (e.g., calcium fortified juice.)
11. **Indicate Texture:** Check (√) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the participant with dining. (e.g., a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
13. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
14. **Printed Name:** Print name of medical authority.
15. **Telephone Number:** Telephone number of medical authority.
16. **Date:** Date medical authority signed form.

The American with Disabilities Act Amendment Act defines a "disability", in part, as a physical or mental impairment that substantially limits a 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)

Information regarding the ADAAA, which expanded the definition of disability, can be found at:
http://www.law.georgetown.edu/archiveada/documents/comparisonofADAandADAAA.pdf

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

Citations: Rehabilitation Act of 1973, Section 504; 7 CFR Part 15b; 7 CFR Sections 210.10(i)(1), 210.23(b);215.14, 220.8(f), 225.16(f)(4), and 226.20(h); FNS Instructions 783-2, Rev. 2 and 784-3. "USDA and the State of Alaska are equal opportunity providers and employers"

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) online and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Citations: Rehabilitation Act of 1973, Section 504; 7 CFR Part 15b; 7 CFR Sections 210.10(i)(1), 210.23(b);215.14, 220.8(f), 225.16(f)(4), and 226.20(h); FNS Instructions 783-2, Rev. 2 and 784-3. "USDA and the State of Alaska are equal opportunity providers and employers"