

**MEDICAL STATEMENT TO REQUEST SPECIAL MEALS OR ACCOMMODATIONS**

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

PARENT COMPLETE THIS SECTION		
Child Name:		Birthdate:
Parent/Legal Guardian Name:		Phone Number:
Parent/Legal Guardian Signature: (permission to release medical information)		Date:
DOCTOR COMPLETE THIS SECTION		
Description of the child's physical/mental impairment affected and how it restricts the child's diet:		
Describe the prescribed specific diet or accommodation to ensure proper implementation:		
Foods To Omit:	Appropriate Suggested Food Substitutions:	
Indicate food texture for the child above: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed		
Adaptive equipment to be used: <input type="checkbox"/> None		
*Healthcare Professional - Printed Name:	*Healthcare Professional - Signature:	Date:
Address:		Phone Number:

\*For this purpose, and per [California Health and Safety Code, Section 11150](#), the California Department of Social Services considers a state licensed healthcare professional in California to be a licensed physician, dentist, or the following healthcare professionals when acting within the scope of their ability to write prescriptions: physician assistant, nurse practitioner, naturopathic doctor, registered nurse, and out of state provider. Child and Adult Care Food Program (CACFP) institutions that operate another federal child nutrition program (CNP) in addition to the CACFP, should contact the appropriate oversight agency to determine which state licensed healthcare professionals can sign medical statements to accommodate disabilities for that CNP.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

**A person with a disability** is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an 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; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin, and endocrine; or (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Major life activities** include, but are not limited to, 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 function of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**Has a record of such an impairment** means a person has or has been classified (or misclassified) as having a history of mental or physical impairment that substantially limits one or more major life activities.

**U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at the [Food and Nutrition Service Non-Discrimination website](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

Fax: (833) 256-1665 or (202) 690-7442

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**