



## Participant Menu Modification Request for the Child and Adult Care Food Program

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are *required* for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are *optional* for any participant who has a non-medical personal preference, and an accommodation may be made at the customer service discretion of the facility.

### Section 1. Documentation - To Be Completed by Parent/Guardian

Participant's First & Last Name:		Date of Birth:
List the Food(s) to be omitted from the diet and the food(s) that should be provided instead:		
Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.
Explain how exposure to the food(s) affects the participant:		
Parent/Guardian Name:		Date:

### Section 2. Assessment - To Be Completed by the CACFP Facility

Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.

<input type="checkbox"/> Modification meets the CACFP Meal Pattern		<input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern	
Required Accommodation	Optional Accommodation	Required Accommodation	Optional Accommodation
<input type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference	<input type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference
<input type="checkbox"/> Reported Food Intolerance	<i>No medical reason for the request. Accommodating this preference request is the facility's customer service decision.</i>	<input type="checkbox"/> Reported Food Intolerance	<i>Participant meals and snacks may <u>not</u> be eligible for reimbursement if a facility chooses to accommodate this request.</i>
<input type="checkbox"/> Reported Major Bodily Function Affected	<input type="checkbox"/> Facility <u>will</u> provide modification <input type="checkbox"/> Facility <u>will not</u> provide modification	<input type="checkbox"/> Reported Major Bodily Function Affected	<input type="checkbox"/> Facility <u>will</u> provide modification <input type="checkbox"/> Facility <u>will not</u> provide modification
Documentation Required: Sections 1 & 2		Documentation Required: Sections 1, 2 <u>and</u> Request Medical Authority Documentation	

Facility Representative Name:	Date:
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# Child and Adult Care Food Program Participant Menu Modification Form

## Section 3. Negotiation of Accommodation(s)

Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification)

*Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)*

<b>The facility will provide:</b>	<b>Indicate Specific Brand:</b> <i>if applicable</i>
<input type="checkbox"/> <b>Parent/Guardian accepts accommodation</b>  <i>The facility is purchasing the reasonable menu modification that is being provided.</i>	<input type="checkbox"/> <b>Parent/Guardian does not accept accommodation.</b>  <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i>
<b>Notes:</b>	
<p>The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.</p>	
<b>Facility Representative Name:</b>	<b>Signature:</b>
<b>Parent/Guardian Name:</b>	<b>Signature:</b>

## Supplement A. Timeline - Medical Authority Documentation Requests

This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation.

<input type="checkbox"/> Initial Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/> 1-Month Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/> 3-Month Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/> 6-Month Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/> Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement.		
<p>The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.</p>		
<b>Facility Representative Name:</b>	<b>Signature:</b>	

Arizona Department of Education - Child and Adult Care Food Program  
**Medical Authority Documentation | Participant Menu Modification**

A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern.

Participant First and Last Name:

Date of Birth:

**List the food(s) to be omitted from the diet and the food(s) that should be provided instead:**

Food(s) to be avoided:

Allowable Modification(s):

Additional instructions, requirements,  
or modifications such as special  
equipment, texture, thickness, etc.:

**Explain** how exposure to the food(s) affects the patient:

The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician, Registered Dietitian

Medical Authority Name:

Date:

Medical Authority Signature:

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