

How to Navigate Menu Modifications for the Child and Adult Care Food Program



Health and Nutrition Services
Arizona Department of Education





Disclaimer

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). The content in this training is intended for professionals operating one or more USDA Child Nutrition Programs in Arizona under the direction of ADE. The information in this training is subject to change. Attendees are encouraged to access professional development materials directly from the training library to prevent use of outdated content.

Intended Audience

This training is intended for **organizations operating the Child and Adult Care Food Program (CACFP)**.

Objectives

At the end of this training, attendees should be able to:

- understand when a modification does and does not meet the meal pattern;
- clarify the difference between a required accommodation and an optional accommodation;
- simplify the process of documenting menu modifications onto one brand new form; and
- specify when you can continue claiming.

TRAINING HOURS

Information to include when documenting this training for Continuing Education and Training Credit:

Training Title: How to Navigate Menu Modifications for the Child and Adult Care Food Program

Hours of Instruction: 1 Hour

This training counts toward Empower Program training requirements. It is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your Registry transcript, please provide your ID in the completion survey.

Table of Contents

Section 1: What is a Menu Modification?	5-7
Section 2: Completing the Participant Menu Modification Form	8-26
Section 3: Obtaining Medical Authority Documentation	27-32

What is a Menu Modification?

SECTION 1



Menu Modification

DEFINITION

A menu modification is when someone asks you to avoid food or beverages listed on your CACFP menu and offer something else instead.

Some participants may ask for modifications in the type of food or beverages you provide or even the time and place you provide them.

Processing these requests requires knowledge of the CACFP meal pattern, civil rights compliance, and what documentation is needed for each request.



Participant Menu Modification Form

REQUIRED DOCUMENTATION

The Participant Menu Modification Form can be found on the ADE CACFP webpage.

- This form applies in different scenarios where parents request menu modifications.
- Page 1 of the Participant Menu Modification Form must be on file and remain on-site for every participant the has requested a modification.



Child and Adult Care Food Program

Participant Menu Modification

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	
Parent/Guardian Signature		

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.

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

September 2023 | Health and Nutrition Services | Arizona Department of Education | This institution is an equal opportunity provider.

Completing the Participant Menu Modification Form

SECTION 2



Participant Menu Modification Form

SECTION 1

When a parent or guardian asks you for a menu modification, provide them with a Participant Menu Modification Form and ask them to complete Section 1.

The individual making the request will report the participant’s name and date of birth, food(s) to be avoided, the allowable modification(s), and how exposure to the food(s) affects the participant.

Facility Representatives should review this section to make sure:

- All requests are specific
- All parts of this section are completed

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	
Parent/Guardian Signature			

Participant Menu Modification Form

EXAMPLE

In this Section 1 example, the requestor specifically asks for her child to avoid cow's milk. They have clarified that while cow's milk should be avoided, cheese, yogurt, and other dairy products are acceptable. This distinction helps you understand when to make modifications. For instance, this participant cannot have milk, but they can still enjoy a cheese quesadilla.

Section 1. Documentation – To Be Completed by Parent/Guardian			
Participant’s First & Last Name	Donovan Samson	Date of Birth	3/7/2018
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.	
Cow’s Milk	Soy Milk	N/A	
Explain how exposure to the food(s) affects the participant:			
Upset Stomach		Cheese, yogurt, and other dairy products are okay to give.	
Parent/Guardian Name	Mariah Samson	Date	1/20/2024
Parent/Guardian Signature			

Participant Menu Modification Form

EXAMPLE

In this other Section 1 example, the requestor is specific to ask that their child avoid pineapple, while any other fruit is permitted as a substitute! In such cases, you can effortlessly meet the meal pattern by offering any other creditable food within that category.

Section 1. Documentation – To Be Completed by Parent/Guardian			
Participant’s First & Last Name	Xavier Sanchez	Date of Birth	10/17/2016
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 modifications such as special equipment, texture, thickness, etc	
Pineapple	Any other fruit	N/A	
Explain how exposure to the food(s) affects the participant:			
Allergy, rash and itchy mouth			
Parent/Guardian Name	Jonathan Sanchez	Date	1/17/2024
Parent/Guardian Signature			

Participant Menu Modification Form

SECTION 2

- Section 2 should be finalized and signed by a representative from the facility.
- Modification requests can be classified into the following categories:
 - **Aligns with the meal pattern, preference**
 - **Aligns with the meal pattern, disability**
 - **Does not align with the meal pattern, preference**
 - **Does not align with the meal pattern, disability**
- To complete Section 2, one must understand when modifications comply with the meal pattern, and distinguish between medical needs and non-medical personal preferences.

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.			
☐ Modification meets the CACFP Meal Pattern		☐ Modification does <u>not</u> meet the CACFP Meal Pattern	
Required Accommodation or Optional Accommodation		Required Accommodation or Optional Accommodation	
☐ Reported Food Allergy	☐ Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision</i>	☐ Reported Food Allergy	☐ Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i>
☐ Reported Food Intolerance		☐ Reported Food Intolerance	
☐ Reported Major Bodily Function Affected	☐ Facility will provide modification ☐ Facility will <u>not</u> provide modification	☐ Reported Major Bodily Function Affected	☐ Facility will provide modification ☐ Facility will <u>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	

CACFP Meal Pattern

REQUIREMENTS



Components

The CACFP Meal Pattern requires that specific components must be included in each meal or snack.



Creditable Food/Beverage

Every component must feature a creditable, or permissible, food or beverage.



Minimum Portion

When serving a food that contributes to the required component, ensure you provide at least the minimum portion!

If any required component, creditable food/beverage, or minimum portion is missing, the meal pattern requirements are not fulfilled.

Menu Modifications

MEETING THE MEAL PATTERN

- You might receive a request for a food or beverage that does not align with the meal pattern, as it may lack nutritional equivalence or not be creditable.
- In such cases, understanding the rationale behind the request is crucial, as it enables you to justify the modification while ensuring reimbursement for that meal.

CACFP Component	Modifications that meet the CACFP Meal Pattern	Modifications that meet the CACFP Meal Pattern
Milk Component	Lactose-Reduced Cow Milk (Nonfat/1% or Whole as Required) Nutritionally-Equivalent Soy Milks (Reference Soy Milk Guide) Goat Milk Breastmilk* <i>*Note: Documentation Not Required</i>	Almond Milk, Cashew Milk, Coconut Milk, Rice Milk, Hemp Milk, Oat Milk, Pea Milk, Macadamia Milk, Blends of any of the above, Water, Juice, any other beverage.,
Grain Component	Creditable Grain Gluten-Free Creditable Grain	Grain-Based Dessert Non-Creditable Grain
Meat and Meat Alternate Component	Creditable Meat or Meat Alternate	Non-Creditable Meat or Meat Alternate
Fruit Component	Creditable Fruit	Non-Creditable Fruit
Vegetable Component	Creditable Vegetable	Non-Creditable Vegetable
Infant Breastmilk/Formula	Iron-Fortified & FDA-Approved Infant Formulas <i>Milk Based, Lactose-Reduced, Soy, etc.</i>	No-Iron Infant Formula Low-Iron Infant Formula FDA Exempt Infant Formula

Menu Modifications

MILK SUBSTITUTIONS

- Requests for milk substitutes are common. However, modifying the milk component can be challenging, as not all milk alternatives comply with the meal pattern requirements.

Nutritionally equivalent milk alternatives to cow's milk can satisfy the meal pattern requirements. This chart displays the essential nutritional standards that these substitutes should adhere to.

Nutrition Requirements for Fluid Milk Substitutes*	
Nutrient	Per Cup (8 fl oz)
Calcium	276 mg
Protein	8 g
Vitamin A	150 mcg retinol activity equivalents (RAE)
Vitamin D	2.5 mcg
Magnesium	24 mg
Phosphorous	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B-12	1.1 mcg
* Fluid milk substitutes served to children 1 through 5 years old must be unflavored.	

Common milk substitutes that are not nutritionally equal to cow’s milk are coconut milk, almond milk, rice milk, and some soy milks.

For more information about milk substitutes, please review [CACFP 01-2025: Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers](#).

Participant Menu Modification Form

DOCUMENTING MODIFICATIONS

When the Request Aligns with the Meal Pattern:

- Example: If you're instructed not to serve pineapple but any other fruit is acceptable, select the checkbox labeled *"Modification meets the CACFP Meal Pattern"* and complete the **left** side of Section 2.

When the Request Does Not Align with the Meal Pattern:

- Example: If you receive a request for almond milk, check the box that states *"Modification does not meet the CACFP Meal Pattern"* and complete the **right** side of Section 2.

Additionally, you will need to classify the request as either a *non-medical personal preference* or a *disability-related* need.

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.

☒ Modification meets the CACFP Meal Pattern		☒ Modification does <u>not</u> meet the CACFP Meal Pattern	
Required Accommodation or Optional Accommodation		Required Accommodation or Optional Accommodation	
☐ Reported Food Allergy	☐ Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision</i>	☐ Reported Food Allergy	☐ Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i>
☐ Reported Food Intolerance		☐ Reported Food Intolerance	
☐ Reported Major Bodily Function Affected	☐ Facility will provide modification ☐ Facility will <u>not</u> provide modification	☐ Reported Major Bodily Function Affected	☐ Facility will provide modification ☐ Facility will <u>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	

Disability Requests

REQUIRED TO ACCOMMODATE

What constitutes a disability?

- Disruptions that occur in major life activities such as hearing, seeing, walking, speaking, learning, reading, eating, and breathing.
- Major bodily functions, including the digestive, immune, respiratory, circulatory, and neurological systems, may also be affected.

Facilities **must** meet requests for disability accommodations. For instance, if a participant experiences digestive issues related to food consumption (like constipation), this would be recognized as a disability, and appropriate modifications should be provided to accommodate the participant.

Participant Menu Modification Form

DISABILITY REQUEST EXAMPLE

In this example, the parent has filled out and signed Section 1.

- Almond milk does not align with the meal pattern, so the **right** side of Section 1 will need to be completed.
- Be sure to check the “Food Allergy” box, as it is recognized as a disability.
- Don't forget to write your name along with the date when the modification is made.



Child and Adult Care Food Program Participant Menu Modification

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		Jonathan Martinez	
Date of Birth		10/7/17	
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.	
Cow's Milk/Soy Milk	Almond Milk	N/A	
All Dairy	Non-Dairy Substitutes	N/A	
Explain how exposure to the food(s) affects the participant:			
Allergy - Abdominal pain, vomiting, trouble breathing, rash			
Parent/Guardian Name		Sarah Johnston	
Date		1/17/2024	
Parent/Guardian Signature		<i>Sarah Johnston</i>	

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.			
☐ Modification meets the CACFP Meal Pattern		☒ Modification does <u>not</u> meet the CACFP Meal Pattern	
Required Accommodation or Optional Accommodation		Required Accommodation or Optional Accommodation	
☐ Reported Food Allergy	☐ Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision</i>	☒ Reported Food Allergy	☐ Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i>
☐ Reported Food Intolerance		☐ Reported Food Intolerance	
☐ Reported Major Bodily Function Affected	☐ Facility will provide modification ☐ Facility will <u>not</u> provide modification	☐ Reported Major Bodily Function Affected	☐ Facility will provide modification ☐ Facility will <u>not</u> provide modification
Documentation Required: Sections 1 & 2		Documentation Required: Sections 1 & 2 and request Medical Authority Documentation	
Facility Representative Name		Date	
<i>Sandra Givens</i>		1/17/2024	

Non-Medical Personal Preference Requests

OPTIONAL TO ACCOMMODATE

Facilities are not obligated to fulfill nonmedical personal preference requests. When such requests are made, it is up to the facility to decide whether to accommodate them.

A facility may opt to meet these optional requests to enhance customer service. Conversely, if a request does not align with the meal pattern, the facility may choose not to fulfill it, as this affects claiming the meals provided to that participant.

Participant Menu Modification Form

PERSONAL PREFERENCE REQUEST EXAMPLE

In this scenario, a request is made to exclude meat from a participant's meal due to their family's vegetarian lifestyle.

- When meat is included in the menu, you may offer a meat alternative to this participant to ensure the meal pattern is fulfilled.
- Since this request is based on personal preference and not due to medical reasons, allergies, or intolerances, accommodating it is **optional**.
- Be sure to check the “Non-Medical Personal Preference” box.
- Remember to include your name and the date when the modification is made.



Child and Adult Care Food Program Participant Menu Modification

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		Jennifer Jones	Date of Birth	8/15/16
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.		
Meat	Meat Substitutes	N/A		
	Beans, peas, lentils, tofu			
Explain how exposure to the food(s) affects the participant:				
N/A				
Parent/Guardian Name		Thomas Kayes	Date	1/21/2024
Parent/Guardian Signature		Thomas Kayes		

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.				
☒ Modification meets the CACFP Meal Pattern		☐ Modification does <u>not</u> meet the CACFP Meal Pattern		
Required Accommodation or Optional Accommodation		Required Accommodation or Optional Accommodation		
☐ Reported Food Allergy	☒ Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</i>	☐ Reported Food Allergy	☐ Non-Medical Personal Preference <i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i>	
☐ Reported Food Intolerance		☐ Reported Food Intolerance		
☐ Reported Major Bodily Function Affected	☒ Facility will provide modification ☐ Facility will <u>not</u> provide modification	☐ Reported Major Bodily Function Affected	☐ Facility will provide modification ☐ Facility will <u>not</u> provide modification	
Documentation Required: Sections 1 & 2		Documentation Required: Sections 1 & 2 <u>and</u> request Medical Authority Documentation		
Facility Representative Name		Sandra Givens	Date	1/21/2024

Additional Documentation

WHEN SECTIONS 1 AND 2 ARE NOT SUFFICIENT

There are two circumstances in which having Sections 1 and 2 on file does not provide sufficient documentation:

- **Situation 1:** When the request is related to a disability.
 - Solution: Fill out Section 3.
- **Situation 2:** When the request does not comply with the meal pattern.
 - Solution: Obtain Medical Authority Documentation.



Disability Request

SECTION 3

- Section 3 **must** be completed for all requests made due to a disability.
- When a disability is reported, an immediate and reasonable accommodation is required.
- This section is where you document what was offered and if the requestor accepted the accommodation. This process is called the “Negotiation of Accommodation.”

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)

The facility will provide:		Indicate Specific Brand if applicable:	
☐ Parent/Guardian accepts accommodation. <i>The facility is purchasing the reasonable menu modification that is being provided.</i>	☐ Parent/Guardian does not accept accommodation. <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>		
Notes:			
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.			
Facility Representative Name		Signature	
Parent/Guardian Name		Signature	

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.

☐ Initial Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 1-Month Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 3-Month Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 6-Month Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 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.		
Facility Representative Name		Signature

September 2023 | Health and Nutrition Services | Arizona Department of Education | This institution is an equal opportunity provider.

Reasonable and Immediate Accommodations

DEFINITIONS

Reasonable: The accommodation made should be relevant to the disability or the limitations it causes.

Example: If a disability includes an intolerance to milk, a reasonable accommodation would involve avoiding milk and offering an alternative that is not dairy-based.

Immediate: When a disability is reported, provide accommodations right away. This ensures the health and safety of your participants.

Example: If a participant informs you of an allergy or intolerance to a specific food item, you should promptly avoid that item and make the necessary modifications. Do not wait for any documentation to be submitted before implementing these changes.

Reasonable and Immediate Accommodations

PROVIDING MODIFICATIONS



Should typically be provided at no cost.

Example: The facility may purchase the modification item, such as soy milk, but must not pass this expense onto the family.



Is not required to resemble the original menu item.

Example: If cheese needs to be excluded due to intolerance, and the menu features macaroni and cheese, the modification doesn't have to mimic the original dish. Instead, an alternative entrée like chicken and rice can be served.

Negotiation of Accommodation

EXAMPLE: REQUEST FOR SOY MILK

- 1 **Facility:** Offers a reasonable accommodation by providing soy milk.
- 2 **Requestor:** Has a preference for a specific brand.
- 3 **Facility:** Supplies the reasonable accommodation (soy milk) but does not offer the requested brand.
- 4 **Requestor:**
 - Can choose to accept the soy milk provided by the facility, OR
 - Can decide to decline the offered soy milk and bring their preferred brand from home.

Both options are completely acceptable. What is essential is that a reasonable accommodation was offered, regardless of whether it was accepted.

Participant Menu Modification Form

NEGOTIATION OF ACCOMMODATION EXAMPLE

In this scenario, Sections 1 and 2 have already been completed.

- It is determined that the modification requested aligns with the meal pattern due to a milk intolerance (considered a disability).
- The facility is willing to offer a reasonable accommodation, but the requestor prefers a specific brand.
- The facility informs the requestor that while the reasonable accommodation of soy milk will be provided, the preferred brand cannot be supplied.
- Following this discussion, the requestor decides to accept the soy milk brand offered by the facility.

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)			
The facility will provide:	Soy Milk	Indicate Specific Brand if applicable:	8th Continent Original
☒ Parent/Guardian accepts accommodation. <i>The facility is purchasing the reasonable menu modification that is being provided.</i>		☐ Parent/Guardian does not accept accommodation. <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>	
Notes: Parent requested Spouts brand organic soy milk. Facility denied this preference request and notified family that they can either accept facility provided soy milk or bring their own brand of soy milk from home for their child. Parent accepted 8th Continent Original Soy Milk. (Facility-Provided)			
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.			
Facility Representative Name	Sandra Givens	Signature	<i>Sandra Givens</i>
Parent/Guardian Name	Jeanette Dominguez	Signature	<i>Jeanette Dominguez</i>

Obtaining Medical Authority Documentation

SECTION 3



Medical Authority Documentation

REQUIRED DOCUMENTATION

Why is it required?

- When the meal pattern is not met, documentation from a medical authority is required to claim the meals and snacks for reimbursement.

Medical Authority Documentation must include:

- Participant's first and last name and date of birth
- The food(s) to be avoided
- Brief explanation of how exposure to the food affects the participant
- Recommended substitutes.
- Documentation must be signed by a recognized medical authority or registered dietitian.
 - *In Arizona, recognized medical authorities include Physician (MD), Osteopathic Physician (DO), Nurse Practitioner (NP), Physician Assistant (PA), Dentist (DDS or DMD), Naturopathic Physician (ND) or Homeopathic Physician.*

Medical Authority Documentation Form

REQUESTOR RESPONSIBILITY

- If it is determined that a request does not align with the meal pattern, you may provide this form to the requestor.
- The requestor must take it to a medical authority for completion and signature before returning it to your facility.
- The Medical Authority Documentation must include all necessary information. While this specific form is recommended, you may also accept the required information on alternative forms.
- As a best practice, it is advisable to staple the completed Medical Authority form to the participant's modification form.

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.			
Patient 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 patient:			
The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician			
Medical Authority Name		Date	
Medical Authority Signature			
This institution is an equal opportunity provider.			

Participant Menu Modification Form

TIMELINE SECTION

- ADE has determined that a six-month waiting period is a reasonable timeframe for obtaining written Medical Authority Documentation from a family. This allows you to fill out the **timeline section** of the Participant Menu Modification Form, enabling you to continue making claims!
- In this timeline section, you'll record that you are in the process of requesting Medical Authority Documentation and have yet to receive it. Mark the box next to each request you make, include the date of the request, and add your initials.

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)

The facility will provide:		Indicate Specific Brand if applicable:	
☐ Parent/Guardian accepts accommodation. <i>The facility is purchasing the reasonable menu modification that is being provided.</i>	☐ Parent/Guardian does not accept accommodation. <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>		
Notes:			
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.			
Facility Representative Name		Signature	
Parent/Guardian Name		Signature	

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.

☐ Initial Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 1-Month Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 3-Month Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 6-Month Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 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.		
Facility Representative Name		Signature

Participant Menu Modification Form

TIMELINE SECTION

- Once you receive Medical Authority Documentation from the family, simply stop filling out this section.
- If the family has not submitted the Medical Authority Documentation after the six-month period, the facility must stop claiming the meals and snacks that do not comply with the meal pattern. Once documentation signed by a Medical Authority is received, and returned to the facility, claiming can resume.

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)

The facility will provide:		Indicate Specific Brand if applicable:	
☐ Parent/Guardian accepts accommodation. <i>The facility is purchasing the reasonable menu modification that is being provided.</i>	☐ Parent/Guardian does not accept accommodation. <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>		
Notes:			
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.			
Facility Representative Name		Signature	
Parent/Guardian Name		Signature	

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.

☐ Initial Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 1-Month Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 3-Month Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 6-Month Request for Medical Authority Documentation	Date:	Staff Initials:
☐ 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.		
Facility Representative Name		Signature

Navigating Menu Modifications

SUMMARY

- Every menu modification must be documented.
- Extra documentation is needed for:
 - modifications made due to a disability
 - modifications that do not align with the meal pattern

Modification Requested		Documentation Required to Continue Claiming
Disability	Meets Meal Pattern	Section 1, Section 2, Section 3
	Does Not Meet Meal Pattern	Section 1, Section 2, Section 3, and Medical Documentation*
*The timeline may be completed and used to claim for up to 6 months while waiting for Medical Documentation		
Non-Medical Personal Preference	Meets Meal Pattern	Sections 1 & 2
	Does Not Meet Meal Pattern	Claiming Not Permitted

CONTACT US

If you have a question or require additional assistance, please contact your assigned specialist or contact HNS.



602-542-8700



ContactHNS@azed.gov



www.azed.gov/hns





Congratulations

You have completed the training: How to Navigate Menu Modifications for the Child and Adult Care Food Program

ADHS Empower Program

This training counts toward Empower Program training requirements.

Arizona Early Childhood Workforce Registry

This training is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your registry transcript, please provide your Workforce Registry ID when completing the survey.

Certificate

Requesting a training certificate

Please click the button to complete a brief survey about this online training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.



Training Title:

How to Navigate Menu Modifications for the Child and Adult Care Food Program

Length: 1 hour

Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.





In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.