



Participant Menu Modification for the Summer Food Service Program

All sites participating in the Summer Food Service Program (SFSP) serve meals and snacks in accordance with SFSP regulation. When a Parent/Guardian informs the Site Supervisor of the need for a modification, the Site Supervisor should use this form to navigate the menu modification.

- **Required:** When a child needs a different item than what is listed on the menu due to a disclosed food allergy, intolerance, medical condition, or any major bodily function affected by a food item, the site is required to provide a menu modification. All required menu modifications must be made as immediately as possible and reasonably accommodate a participant's needs.
- **Optional:** Menu modifications are optional for any participant who has a non-medical personal preference, and an accommodation may be made at the Sponsor's discretion.

After working with a Parent/Guardian to complete this form, follow the guidance for the applicable scenario below:

Scenario 1:

- The modification is required due to medical need AND the modification meets the meal pattern. The sponsor must modify meals for the child and may continue to claim.
- Documentation Required: Summer Food Service Program Participant Menu Modification form kept on file.

Scenario 2:

- The modification is based on preference AND the modification meets the meal pattern The Sponsor may choose to modify the meals for the participant, but it is not required. If the meal served to the child meets the meal pattern, continue to claim.
- Documentation Required: Summer Food Service Program Participant Menu Modification form kept on file.

Scenario 3:

- The modification is based on preference AND the modification does not meet the meal pattern The Sponsor may choose to modify the meals for the participant, but it is not required. If the modification is made and the meals do not meet the meal pattern, the meals cannot be claimed.
- Documentation Required: Summer Food Service Program Participant Menu Modification form kept on file.

Scenario 4:

- The modification is required due to medical need AND the modification does not meet the meal pattern.
 - Medical need means a food allergy, intolerance, medical condition, or any major bodily function affected by a food item.
 - The Parent/Guardian must obtain Medical Authority Documentation (page 3).
 - If the Participant has provided medical documentation of a need for meal modification to another Child Nutrition Program (e.g. NSLP, CACFP), then that documentation may be provided in lieu of the form below.
 - The Sponsor must modify meals for the child as immediately as possible and reasonably accommodate the participant's need. Claiming can continue once all required documentation is obtained.
- Documentation Required: Summer Food Service Program Participant Menu Modification form + Medical Authority Documentation kept on file.

Summer Food Service Program
Participant Menu Modification Form

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 SFSP Site Supervisor or Sponsor Representative

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 SFSP Meal Pattern		<input type="checkbox"/> Modification does <u>not</u> meet the SFSP Meal Pattern	
Required Accommodation	Optional Accommodation	Required Accommodation	Optional Accommodation
<input type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference <i>No medical reason for the request. Accommodating this preference request is up to the Sponsor's discretion.</i>	<input type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference <i>Participant meals and snacks may <u>not</u> be eligible for reimbursement if the Sponsor chooses to accommodate this request.</i>
<input type="checkbox"/> Reported Food Intolerance		<input type="checkbox"/> Reported Food Intolerance	
<input type="checkbox"/> Reported Major Bodily Function Affected	<input type="checkbox"/> Sponsor <u>will</u> modify meals <input type="checkbox"/> Sponsor <u>will not</u> modify meals	<input type="checkbox"/> Reported Major Bodily Function Affected	<input type="checkbox"/> Sponsor <u>will</u> modify meals <input type="checkbox"/> Sponsor <u>will not</u> modify meals
Site/Sponsor Representative Name:		Signature:	

Arizona Department of Education - Summer Food Service Program
Medical Authority Documentation | Participant Menu Modification

A site participating in the Summer Food Service Program has requested documentation from a medical authority for requested menu modifications that do not meet the SFSP 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:

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

CUT ALONG THIS LINE

Arizona Department of Education - Summer Food Service Program
Medical Authority Documentation | Participant Menu Modification

A site participating in the Summer Food Service Program has requested documentation from a medical authority for requested menu modifications that do not meet the SFSP 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:

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