NM SFSP/CACFP MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. Sponsor Name	2. Center Name and Location	3. Telephone Number
4. Name of Child or Adult Participant		5. Date of Birth
6. Name of Parent or Guardian		7. Telephone Number

8. Check One:

☐ Participant has a disability or a medical condition that requires a special meal and/or accommodation. Sponsors participating in CACFP must comply with requests for special meals and any adaptive equipment. Parents or guardians may supply only one of the required meal components which meets the meal pattern requirements for children with disabilities. Centers/home providers must supply all the remaining meal components. **Licensed physicians or state-recognized medical authorities who are authorized to write medical prescriptions must sign the form.**

☐ Participant does not have a disability, but is requesting a special meal or accommodation due to a **food intolerance** or other medical reason. Food preferences are not an appropriate use of this form. Sponsors participating in CACFP are encouraged to accommodate reasonable requests. Parents/guardians may provide one component which meets the meal pattern requirements. **Licensed physicians and state-recognized medical authorities who are authorized to write medical prescriptions must sign form.**

☐ Participant does not have a disability, but is requesting a special accommodation for a **fluid milk substitute** that is nutritionally equivalent to milk for non-dairy beverages offered as milk substitutes. Sponsors are encouraged to accommodate a reasonable written parent request. A medical statement is not required unless the request is for a non-dairy beverage that Is **not** nutritionally equivalent to milk.

9. Disability or medical condition requiring a special meal or accommodation:

10. If participant has a disability, provide a brief description of his/her major life activity affected by the disability:

11. Diet prescription and/or accommodation (please describe in detail to ensure proper implementation-use extra pages as needed):

12. Indicate food texture for above participant:

☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

13. Foods (components) to be omitted and suggested substitution foods (components) meeting the CACFP meal pattern requirements. For example, omit cheese and substitute egg to meet the meat/meat alternate requirement. You may attach a sheet with additional information as needed:

A. Food (Component) To Be Omitted	B. Food (Component) Substitutions

14. Signature of Parent

15. Signature of Recognized Medical Authority*	16. Printed Name	17. Telephone Number	18. Date

***A signature by a recognized medical authority (individual who can write a medical prescription) is required for participants with a disability. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability (see back of form). The information on this form should be updated to reflect the current medical and/or nutritional needs of the participants.**

August, 2019