

## Special Diet Requirements for Child Nutrition Programs

**Requirements:** Organizations that operate a federally funded Child Nutrition Program (CNP) must make reasonable substitutions to meals and/or snacks for participants who are considered to have a disability or medical need that restricts their diet. This is done on a case-by-case basis.

The most important thing for sponsors should be working together with families to ensure equal access to program benefits for participants with disabilities.

### What Defines a Disability?

The Americans with Disabilities Act (ADA) Amendments Act of 2008 made important changes to the term disability to include any person with a physical or mental impairment that substantially limits one or more major life activities, including major bodily functions.

- **Major life activities** include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, bending, speaking, breathing, learning, reading, and concentrating.
- **Major bodily functions** include but are not limited to: functions of the immune system, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Accommodation requests for a disability must be honored.

### What Defines a Dietary Preference?

Dietary preferences are **not** considered medical conditions or disabilities and do not need to be accommodated.

These could include:

- Personal lifestyle choices (such as vegan, vegetarian, or organic)
- Religious choices (such as eliminating pork, beef, or eggs)
- General health concerns (such as a preference that a child eat a gluten-free diet because a parent believes it is better for the child)

If a sponsor chooses to accommodate a request due to a dietary preference, then they must ensure all meal pattern requirements are met for the meal to be eligible for reimbursement.

### What is a Reasonable Modification?

The modification provided does not have to be the exact modification requested.

- Sponsors are not required to provide the specific brand names requested.
- Meal accommodations do not need to mirror items being substituted.  
*Example: If lasagna is on the menu, you are not required to provide a gluten free lasagna option for a participant with Celiac disease; you could provide beans and rice instead.*
- Sponsors are required to provide the participant a meal that is safe for them to eat, allowing them equal opportunity to participate in the program, but it does not need to be a different meal each day. It is best to provide a variety, but some diets are too restrictive and it may not be possible.
- To the extent possible, the meal or snack provided should follow the applicable USDA meal pattern.

## What Documentation is Required?

A **Special Diet Statement** is required if the special diet request results in a meal or snack that **does not fully meet meal pattern requirements**.

A special diet statement **must have** the following information to be considered complete:

- ✓ Food or allergen to be avoided
- ✓ Explanation of how exposure to the food or allergen would affect the participant
- ✓ Food(s) to be substituted
- ✓ Completed and signed by a state licensed Physician (MD or DO), Physician Assistant (PA) or an Advanced Practice Care Nurse (such as a Nurse Practitioner NP)

A Special Diet Statement template is available on the Michigan Department of Education website. Other documentation, such as a doctor's prescription, may be accepted if it contains all the required information noted above.

Once a correct, complete Special Diet Statement is on file, meals with accommodations may be claimed for reimbursement, even if the meal or snack does not meet meal pattern requirements.

### What if the Special Diet Statement is not clear?

If the Special Diet Statement is not clear or does not fully explain the change needed, the sponsor must get clarification from a parent, guardian, or the medical personnel to provide a safe meal.

Before consulting with the medical personnel directly, sponsors must have the parent or guardian sign the Voluntary Authorization Section on the Special Diet Statement.

Sponsors may provide meal modifications to the best of their ability while waiting for a correctly completed Special Diet Statement to be provided for the participant.

The special diet statement does not need to be updated annually if the information still accurately reflects the participant's needs.

### For More Information:

- [Food and Drug Administration's "Food Allergies: What you need to know"](#)
- [Institute for Child Nutrition's Food Allergy Fact Sheets](#)
- [Food Allergy Research & Education: \[www.foodallergy.org\]\(http://www.foodallergy.org\)](#)

# Special Diet Statement

## Why am I being asked to fill out this form?

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet.\* According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. **If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.**

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. **Updates to this form are required only when a participant's needs change.**

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-free milk without a physician's signature. Lactose-free milk served must meet meal pattern requirements for the program.

Submit this completed special diet statement to: \_\_\_\_\_

## Participant Information:

Participant's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of School/Center/Site Attended: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

## Required Information: Dietary Accommodation

1. List the food to be avoided:

\_\_\_\_\_

2. Briefly explain how exposure to this food affects the participant:

\_\_\_\_\_

3. List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

| Foods to be Omitted | Foods to be Substituted |
|---------------------|-------------------------|
|                     |                         |
|                     |                         |
|                     |                         |

## Additional Information

Texture Modification:  Pureed  Ground  Bite-Sized Pieces  Other: \_\_\_\_\_

Tube Feeding Formula Name: \_\_\_\_\_

Administering Instructions: \_\_\_\_\_

Oral Feeding:  No  Yes If yes, specify foods: \_\_\_\_\_

Other Dietary Modification or Additional Instructions (Describe): \_\_\_\_\_

## Required Signature

This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner. The medical person signing it should keep a copy of this document in his/her records.

Prescribing Authority Credentials (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Voluntary Authorization

**Note to Parent(s)/Guardian(s)/Participant:** You may allow the director of the school/center/site to talk with the medical person about this Special Diet Statement by signing the Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize \_\_\_\_\_  
(**physician/medical authority name**) to release such protected health information as is necessary for the specific purpose of Special Diet information to \_\_\_\_\_ (**program name**) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. **Optional:** My permission to release this information will expire on \_\_\_\_\_ (**date**). This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OR Participant's Signature (Adult Day Care ONLY): \_\_\_\_\_

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) [found online](#) ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)), 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  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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