Medical Statement to Request Special Meals or Accommodations in the CACFP for Participants with a Disability

Note: A medical statement is not required for participants who request a special meal or accommodation that meets the meal pattern requirements, even if they have a disability, unless the Child and Adult Care Food Program (CACFP) operator chooses to require a medical statement for **all** disability-related modifications. For example, CACFP operators may offer creditable gluten-free grain products, such as brown rice, quinoa, and corn tortillas to a participant with gluten intolerance without requiring a medical statement; however, the operator must document all modifications supplied by the operator or household in a document that they already maintain (e.g., enrollment record), on a specific form that the CACFP operator develops for this purpose, or using a CDSS template in the Child Nutrition Information and Payment System (CNIPS): Form ID CACFP 12 (infants) or CACFP 84 (children and adults).

Part 1: Completed by Parent/Guardian or Adult Participant

1. Institution Name: Mountain Union Elementary School District
2. Site Name: Montgomery Creek School
3. Site Phone Number: 530-337-6214
4. Name of Participant: _____
5. Date of Birth of Participant: _____
6. Parent/Guardian Name (if applicable): _____
7. Parent/Guardian or Adult Participant Phone Number: _____

Part 2: Completed by Licensed Healthcare Professional[1] or Registered Dietitian[2]

8. Complete the information below, as applicable, to provide sufficient information about the child or adult participant's dietary restrictions.

   (a) Food Texture:

   ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed ☐ Other

   (b) Foods to Omit:

(c) Recommended Food Alternatives:

_____

(d) Adaptive Equipment Needs or Other Required Accommodations:

_____

9. Signature or Stamp of State Licensed Healthcare Professional[1] or Registered Dietitian (RD)[2]:

_____

10. Printed Name: _____

11. Phone Number _____

12. Date: _____

[1]For this purpose and per California Health and Safety Code, Section 11150, the California Department of Social Services considers a state licensed healthcare professional in California to be a licensed physician, dentist, or the following healthcare professionals when acting within the scope of their ability to write prescriptions: physician assistant, nurse practitioner, naturopathic doctor, registered nurse, and out-of-state provider. CACFP institutions that operate another federal child nutrition program (CNP) in addition to the CACFP, should contact the appropriate oversight agency to determine which state licensed healthcare professionals can sign medical statements to accommodate disabilities for that CNP.

[2]Per the Final Rule–Child Nutrition Programs: Meal Patterns Consistent with the 2020–2025 Dietary Guidelines for Americans, and as stated in Title 7, *Code of Federal Regulations*, Section 226.20(g)(1)(i), by October 1, 2025, CACFP operators must accept medical statements signed by RDs to request meal modifications on behalf of participants with a disability that affects their diet.

The information on this form should be updated to reflect the current medical or nutritional needs of the participant.

Definitions are from USDA Policy Memo CACFP 14-2017 titled "Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program", the federal CACFP regulations, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008.

A person with a disability is defined as a person of any age who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment, and who is enrolled in an institution or child care facility serving a majority of persons who are age 18 and under.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

A physical or mental impairment does not need to be life threatening to constitute a disability. It is enough that the impairment limits a major life activity. Further, an impairment may be covered as a disability even if medication, or another mitigating measure, may reduce the impact of the impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include the operation of a major bodily function.

Major bodily functions are included as a major life activity, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Has a record of such an impairment means a person has or has been classified (or misclassified) as having a history of mental or physical impairment that substantially limits one or more major life activities.

Regarded as having such an impairment means an individual has established that he or she has been subjected to an action prohibited under the ADA because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.

U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at the Food and Nutrition Service Non-Discrimination website, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. **Fax:**

   (833) 256-1665 or (202) 690-7442; or

3. **Email:**

   Program.Intake@usda.gov

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