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FISCAL YEAR 2015
CHILD AND ADULT CARE FOOD PROGRAM
OPERATIONAL MEMORANDUM #24

TO: Child and Adult Care Food Program Institutions

FROM: Marla J. Moss, Director
Office of School Support Services

DATE: June 16, 2015

SUBJECT: **The Child and Adult Care Food Program (CACFP) Request for Special Dietary Needs Accommodations Form -Revised**

Per Operational Memorandum #20 Statements Supporting Accommodations for Children with Disabilities in Child Nutrition Programs, the *CACFP Request for Special Dietary Needs Accommodations Form* has been modified. The modifications were made to expand the list of acceptable medical professionals that may sign a medical statement for special meal accommodations in Child Nutrition Programs (CNP) and recommend alternate foods for participants whose disability restricts their diets. A broader list of medical providers improves access to meal accommodations for both child and adult participants with special dietary needs and provides clarification for institutions and parents/guardians/ participants requesting meal accommodations as to which medical professional may sign based on their scope of practice in the state of Michigan.

Current regulations and guidance require institutions to provide reasonable accommodations for participants whose disability restricts their diet for all meals and snacks when supported by a medical statement signed by a licensed physician. However, in many states, laws permit specific state-recognized medical professionals other than licensed physicians to treat patients and write medical prescriptions. With this in mind, Food and Nutrition Services (FNS) has determined that, along with licensed physicians and at the discretion of the Michigan Department of Education (MDE), it is reasonable to <u>also</u> permit other recognized medical authorities to complete and sign a medical statement for special meal accommodations and recommend alternate foods for participants whose disability restricts their diet. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. In Michigan, this includes

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medical doctors (MD), doctors of osteopathy (DO), physician assistants (PA), and nurse practitioners (NP). This update is effective immediately.

On the *CACFP Request for Special Dietary Needs Accommodations* form, the medical professionals referenced above must check the first box within question number 8 for participants who have a disability/medical condition that restricts their diet and requires a special meal or accommodation from the CACFP Meal Pattern.

8. Check One:

☐ Participant has a disability or a medical condition and *requires* a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. One of the following licensed medical professionals must sign this form: **licensed physician (MD or DO), physician's assistant (PA),** or **nurse practitioner (NP).**

Examples of a disabling medical condition that could be disabling due to dietary choices include (not an inclusive list) galactosemia (milk), celiac disease (also referred to as celiac sprue), or a life-threatening food allergy (peanuts, treenuts, fish, shellfish). The medical professional would then complete questions 9 - 14 as applicable, print and sign their name (including their credentials). The parent/guardian or adult participant would then return the form to the provider.

For participants who *do not* have a disability or medical condition that requires a special meal or accommodation but are requesting a special meal or accommodation due to a food intolerance (examples of a food intolerance include lactose intolerance, gluten sensitivity, or sulfite sensitivity) or other medical reason (such as missing/loose teeth or dentures), the following medical personnel can complete the form: A licensed physician, physician's assistant, registered dietitian nutritionist, or nurse practitioner. For question number 8, the appropriate medical professional must check box two then complete questions numbered 9 - 14 as applicable and print and sign their name (including their credentials). The parent/guardian or adult participant would then return the form to the provider.

8. Check One:

☐ Participant has a disability or a medical condition and *requires* a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. One of the following licensed medical professionals must sign this form: **licensed physician (MD or DO), physician's assistant (PA),** or **nurse practitioner (NP).**

☐ Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. **A licensed physician (MD or DO), physician's assistant (PA), registered dietitian nutritionist (RDN), nurse practitioner (NP) or speech pathologist must sign this form.**

Please note this form ***is not*** used for a non-medical food preference such as a preference for organic food or popular diet. Institutions participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment related to a disability or medical condition that requires a special meal or accommodation. Requests not related to a disability are to be made at the discretion of the provider.

This form can be found on the CACFP website: www.michigan.gov/cacfp under *Forms and Instructions, Independent Centers and Sponsor of Centers, Menu Information or Parent Forms.*

Please use the newly modified form (revision date 5/2015). Please note that prior forms do not need to be updated for participants each year *if the medical condition requiring the meal accommodation has not changed*, but the form should be updated to reflect the current status of the participant and match current requirements for the participants as needed.

For questions regarding this memorandum, contact the Child and Adult Care Food Program at 517-373-7391.