North Carolina Department of Health & Human Services
Division of Child & Family Well-Being, Community Nutrition Services Section
Child and Adult Care Food Program

Medical Statement for Meal Modification

Reasonable meal modifications must be made for CACFP participants with medical conditions that restrict their diet. These modifications may or may not meet CACFP meal pattern requirements. Regardless, the participant's meals may be claimed for reimbursement if supported by this medical statement or comparable documentation. This statement must be signed by a North Carolina licensed healthcare professional authorized by State law to write medical prescriptions or a registered dietician.

<table>
<tr><td rowspan="3">To be completed by the CACFP Institution and/or Facility</td><td colspan="2">CACFP Institution Name:</td><td>Agreement Number:</td></tr>
<tr><td colspan="2">Facility Name (if different from above):</td><td>Facility Phone Number:</td></tr>
<tr><td colspan="2">Facility Representative Name:</td><td>Facility Address:</td></tr>
<tr><td rowspan="2">To be completed by the Adult Participant or Parent/Guardian</td><td colspan="2">Child/Adult Participant Name:</td><td>Date of Birth:</td></tr>
<tr><td colspan="3">Parent/Guardian name (if applicable):</td></tr>
<tr><td rowspan="6">To be completed by the Licensed Healthcare Professional or Registered Dietician</td><td colspan="3">Describe the physical or mental impairment restricting the diet:
(E.g., Sara is allergic to cow's milk and soy milk; Ben does not tolerate strawberries which cause him hives and diarrhea; Juan has a food allergy and cannot drink cow's milk)</td></tr>
<tr><td>Beverages and/or foods to omit:</td><td colspan="2">Beverages and/or foods to be substituted:</td></tr>
<tr><td colspan="3">Describe any other special dietary needs or modifications (e.g., textural modification, caloric modification, adaptive equipment, or other modifications):</td></tr>
<tr><td colspan="3">Authorized Signature of Licensed Healthcare Professional or Registered Dietician:</td></tr>
<tr><td>Name</td><td colspan="2">Title</td></tr>
<tr><td>Signature</td><td colspan="2">Date</td></tr>
</table>

References: 7 CFR § 15b, 7 CFR § 226.20(g), and CACFP 17-09(a) Modifications to Accommodate Disabilities in the CACFP

This institution is an equal opportunity provider. Medical statements are confidential and are securely maintained.

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Important Notes for CACFP Operators on Meal Exceptions for Disability Reasons

- A person with a disability is any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions (including eating, breathing, learning, digesting, and more).

- Most physical and mental impairments will constitute a disability, even if they are not life threatening or made less impactful due to medication or other measures.

- Operators must make reasonable modifications to the meal(s), including providing special meals at no extra charge, to accommodate participants with a disability restricting their diet.

- Operators should not investigate the disability further – a valid medical statement is enough.
    - Examples: do not ask about medical history, request more medical documentation (unless the form is missing required information), ask about the diagnosis, or ask how long the participant has had the disability

- Operators are not required to provide the exact substitution or modification recommended but must work to provide a reasonable modification that accommodates the disability and provides equal opportunity to participate in the program.
    - Example: if a modification would cause a change that would impact program operations generally (e.g., the modification is so expensive that the CACFP couldn't be provided), the modification is not required

- Meals that do not meet the meal pattern are reimbursable only with a valid medical statement.

A medical statement for meal modification or comparable documentation must include the following to be valid:

1. A description of the disability that restricts the participant's diet – the reason for the request
    - *Example: Sara is allergic to cow's milk and soy milk*
2. What to do to accommodate the disability – beverages or foods to be omitted
    - *Example: Do not serve cow's milk or soy milk*
3. Recommendations about foods that may be served instead – beverages or foods to be substituted
    - *Examples: Oat milk, almond milk, or coconut milk*
4. Be signed by a licensed health care professional (an individual who is authorized by North Carolina State law to write medical prescriptions) or a registered dietician
    - *Examples: physician, nurse practitioner (NP), physician assistant (PA), or certified nurse midwife (CNM), or registered dietician (RD)*

References: 7 CFR § 15b, 7 CFR § 226.20(g), and CACFP 17-09(a) Modifications to Accommodate Disabilities in the CACFP