



Center
2015-3

STATE OF IOWA

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DEPARTMENT OF EDUCATION
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Please route to:		
<input checked="" type="checkbox"/> Center Director	<input checked="" type="checkbox"/> Cook	<input checked="" type="checkbox"/> Business Manager
<input checked="" type="checkbox"/> Board of Directors	<input checked="" type="checkbox"/> Owner (for-profit centers)	<input checked="" type="checkbox"/> Authorized Representative

DATE: February 27, 2015

TO: Child and Adult Care Food Program (CACFP) Center Organizations

FROM: Robin Holz, Lead CACFP Consultant - Centers
Bureau of Nutrition and Health Services

SUBJECT: Medical Meal Substitutions

If a participant has a disability that restricts their diet, the disability must be certified by a physician (medical doctor, doctor of osteopathic medicine, or chiropractor). For medical meal substitutions due to a documented disability, the center is required to offer to provide the substitute food item(s), unless the cost of providing the substitution places an undue financial burden on the center. The undue financial hardship and reason for the determination must be documented by the center. The family may choose to provide the substitution if they wish. Meals served to participants with disabilities must follow the directions on an allergy/food exception statement in order to be claimed for reimbursement.

Medical meal substitutions must be documented on an allergy/food exception statement that has been signed by a medical professional (medical doctor, doctor of osteopathic medicine, or chiropractor, advanced registered nurse practitioner, or physician's assistant). Food substitutions, including food brought from home, must be noted on the menu (may be a footnote). If a meal includes food brought from home because of a medical reason, the meal may be claimed if the center provides at least one component.

If the medical substitution is not due to a disability centers are encouraged, but not required, to provide the substitution. Meals for participants with non-disability medical needs must meet CACFP meal pattern requirements in order to be claimed for reimbursement.

Parents/guardians may make a written request for a soy milk substitute. The substitute must be nutritionally equivalent to cow's milk (see p. 2-21 of the CACFP Administrative Manual for details and brands that meet this requirement). Meals including milk substitutes that are not nutritionally equivalent to cow's milk (e.g., almond milk, rice milk, coconut milk) may not be claimed for reimbursement unless the participant has a documented disability. An allergy/food exception statement must be on file documenting the disability and the milk substitute to be served.

Please use the revised allergy/food exception statement (attached).

If you have questions, please contact robin.holz@iowa.gov, (515)281-3484.



Iowa Child and Adult Care Food Program ALLERGY/FOOD EXCEPTION STATEMENT

Description: The Child and Adult Care Food Program (CACFP) is funded by the United States Department of Agriculture (USDA). The CACFP reimburses centers for participant's meals that meet USDA requirements. If an infant, child or adult participant needs to avoid specific foods for a medical reason, reimbursement is allowed only if a recognized medical authority has documented the need for an exception to the CACFP meal pattern and signed the statement.

Please complete this form and return to: _____
(Name of center)

Participant's Name: _____ Birth Date: _____

Parent/Caregiver/Guardian's Name: _____

1) Disability: Does the participant have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a medical doctor (MD) or doctor of osteopathic medicine (DO), or chiropractor must sign this form. If the participant is not disabled the form may be signed by any of the recognized medical authorities listed below.	
If yes, describe the major life activity or activities affected by the disability:	
If yes, explain why the disability restricts the participant's diet:	
2) Special Dietary/Feeding Needs: Does the participant have a food allergy or intolerance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe the nature of the allergy/intolerance:	
3) Food(s) or Formula to Avoid:	Food(s) or Formula to Substitute:
Infants at CACFP centers must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.	
4) Other dietary or feeding needs for the participant including texture modifications:	

Date for a recheck or re-evaluation: _____

Medical authority: _____
Name (Print or Type) Title

[A recognized medical authority is one of the following: medical doctor (MD), doctor of osteopathic medicine (DO), physician's assistant (PA), chiropractor, or advanced registered nurse practitioner (ARNP)].

Address: _____

Signature of Medical Authority Date

To be completed by the parent/guardian: If the participant has a disability, the center must offer to supply the food substitutions unless doing so would be a documented financial hardship.

Check if you wish for the center to supply the substitute foods.

Check if the parent wants to supply the substitute foods.

Signature: _____ Date: _____
(For permission to release information to the center)

If the participant does not have a disability, the center is encouraged but not required to supply the food substitutions.