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

Institution Name: Granville Health System **Agreement Number:** 6586

This document does not apply to meal modifications made for dietary preferences or religious reasons.

The information collected below is required for CACFP participants with medical conditions (i.e., physical or mental impairments) requiring meal modifications. Reasonable modifications *must* be made to accommodate children and adults with medical conditions (e.g., diabetes, lactose intolerance, food allergy, etc.) restricting their diet. **Meals that do not meet CACFP meal pattern requirements must be supported by this medical statement or comparable documentation signed by a North Carolina (NC) licensed healthcare professional authorized to write prescriptions under state law.**

Child/Adult Participant Information

Name: _____ DOB: _____

Parent/Guardian Name (if applicable): _____

CACFP Facility Information

Facility Name: Harold Sherman Adult Day Center

Facility Phone: 919 690-3273

Facility Representative Name: Gail M. Barnes-Hall

Facility Address: 1038 B College St. Oxford, NC 27565

To be completed by licensed healthcare professional

Describe the Physical or Mental Impairment Restricting the Diet:

Examples: Sara is allergic to cow's milk and soy milk; Ben does not tolerate strawberries and they cause hives, itchy skin, gastrointestinal distress and diarrhea; Julian has a food allergy and cannot drink cow's milk.

Beverages and/or Foods to Omit:	Beverages and/or Foods to be Substituted:

Other Special Dietary Needs or Modifications Needed

Textural modification, caloric modification, adaptive equipment or other modifications (describe, if applicable):

Authorized Signature

_____ _____

Name of Licensed Healthcare Professional **Title**

_____ _____

Signature **Date**

Reference: 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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Please find additional guidance below when completing the medical statement and complying with 7 CFR § 15b, 7 CFR § 225.16(f)(4) and § 226.20(g).

General Information

- For CACFP, a medical statement is required for individuals with **any physical or mental impairment** (i.e. disability or medical condition) which substantially limits one or more "major bodily functions" and may also include conditions affecting "major life activities." *Examples: food allergy or intolerance, any condition that affects the digestive tract (e.g., lactose intolerance), diabetes, developmental delay, autism, celiac disease, renal disease, and failure to thrive.*
    - A participant's impairment should be accommodated even if medication or other mitigating measures reduce the impact of the impairment.
- Requirements of the medical statement:
    - A description of the participant's impairment that allows the Program operator to understand how it restricts the participant's diet. (*Example: Due to Johnny's medical condition he cannot consume eggs*)
    - Explanation of what must be done to accommodate the impairment. In the case of food allergies, this means identifying the food(s) that need to be omitted and recommending alternatives. (*Example: Omit peanut butter and substitute sunflower butter*)
    - It is highly recommended that the food(s) to be substituted be listed on the medical statement. If the substitution is absent, the medical statement remains valid and the Program operator may speak with the parent, guardian or participating adult to learn the food(s) to be substituted. (*Example: almond milk substituted for cow's milk*)
- Meal modifications following the meal patterns do not require a medical statement (*Example: soy milk that is nutritionally equivalent to cow's milk substituted for cow's milk*). Parents or guardians or participating adults may request these non-dairy beverages in writing.
- Program operators may choose to accommodate requests related to impairments without medical statements if the requested modifications can be met within the CACFP meal patterns.

CACFP Program Operators

- Program operators should not engage in weighing medical evidence against the legal standard to determine whether a physical or mental impairment is severe enough to qualify as a disability. The primary objective is providing appropriate accommodations. (*Example: The Program operator may not ask about medical history, request medical documentation nor for the medical diagnoses; operators may not ask how long a participant has had a physical or mental impairment.*)
- Meals that do not meet the Program meal pattern requirements are not eligible for reimbursement unless supported by a medical statement.
- Program operators must make reasonable modifications to the meal(s), including providing special meals at no extra charge, to accommodate impairments which restrict a participant's diet. Program operators are not required to make modifications that would result in a fundamental alteration in the nature of the Program (e.g., the financial burden of making the accommodation would cause continued operation to be unfeasible).
- Program operators are not required to provide the exact substitution or other modification requested but must work with the parent or guardian or participating adult to offer a reasonable modification that effectively accommodates the impairment and provides equal opportunity to participate or benefit from the Program (*Example: Program operators may not just say "no"; their duty is to negotiate a reasonable modification*).