Dietary Preference Request Form

This form can be used to request dietary preferences not related to a medical need or disability. Keep in mind that:

- Sponsors are encouraged but not required to accommodate reasonable dietary requests for a participant who does not have a medical need or disability.
- In order to claim these meals or snacks for reimbursement, the accommodation made must still meet CACFP meal pattern requirements.
- If the participant has a medical need that restricts their diet they should complete the Special Diet Statement.

Participant Information

_____ _____

Participant's Name: Last/First/Middle Initial Today's Date

_____ _____

Name of Center Date of Birth

_____ _____ _____

Parent/Guardian Name (if applicable) Home Phone Number Work Phone Number

Participant Status (check one):

___ Participant does not have a medical need or disability, but is requesting a dietary accommodation based on a dietary preference.

___ Participant does not have a medical need or disability, but is requesting that they be served an approved fluid milk substitute in place of cow's milk.

Indicate reason for fluid milk substitute:_____

Dietary Accommodations

1. State the preferred dietary accommodation:

___

List specific foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Food to be Substituted

Signature

Signature: _____ Date: _____

Printed Name: _____ Relationship to participant: _____

Phone Number:_____

The signature of a parent, guardian, caregiver or adult participant is sufficient for a request for an approved fluid milk substitute.

This institution is an equal opportunity provider.