# 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](https://education.mn.gov/mdeprod/idcplg?IdcService=GET_FILE&dDocName=MDE060182&RevisionSelectionMethod=latestReleased&Rendition=primary).

## 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](http://education.state.mn.us/mdeprod/idcplg?IdcService=GET_FILE&dDocName=MDE071230&RevisionSelectionMethod=latestReleased&Rendition=primary) 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.**