

# 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.**