

PARENT/GUARDIAN REQUEST FOR MODIFIED MEALS

Substitutions are made at the discretion of the center.

If the parent/guardian provides more than one component per meal, the meal is not reimbursable.

| To be completed by a Parent, Guardian, or Authorized Representative | | |
|---|--------------------------------|-------------------------|
| Participant's Name: | | Birthday: |
| Parent/Guardian/Authorized Representative name: | | |
| Home Phone: () | | Work Phone: () |
| Address: | | |
| City: | State: | Zip: |
| Reason for Request: | | |
| <input type="checkbox"/> Participant is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution. | | |
| a. Calcium 276 mg | d. Vitamin D 100 IU or 2.5 mcg | g. Potassium 349 mg |
| b. Protein 8 g | e. Magnesium 24 mg | h. Riboflavin .44 mg |
| c. Vitamin A 500 IU or 150 mcg | f. Phosphorus 222 mg | i. Vitamin B-12 1.1 mcg |
| Foods to be omitted: | Substitutions: | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.): | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Please provide any other information regarding the diet: | | |
| _____ | | |
| _____ | | |
| _____ | | |

Parent/Guardian's Signature

Date

Printed Name

Telephone