



Plan of Care- Non-Medical

Dietary Needs Request Form (CACFP)

This form is to be used to document non-medical dietary preferences or restrictions for a child participating in the Child and Adult Care Food Program (CACFP). Non-medical dietary needs may be accommodated when possible, provided the snack served remains CACFP compliant.

Student Information:

Student Name	
Date of Birth	
Age	
Program Site / Location	
Date Plan Completed	
Review Date	

Parent/Guardian Information:

Parent/Guardian Name:	
Phone Number:	
Email Address:	

Non-Medical Dietary Request:

Reason(s) for dietary request (check all that apply): <input type="checkbox"/> Religious preference <input type="checkbox"/> Cultural preference <input type="checkbox"/> Vegetarian preference <input type="checkbox"/> Vegan preference <input type="checkbox"/> Personal or family food preference <input type="checkbox"/> Other (Please describe):	
Please list specific foods to be avoided:	
Please list acceptable food substitutions (if known):	

Important CACFP Information

I understand that non-medical dietary requests do not require a medical statement and are accommodated at the program's discretion. All snacks must continue to meet CACFP meal pattern requirements, including two creditable items from two different food groups. If accommodations cannot be made, I understand that I may be asked to provide food for my child.

Request Duration

Effective Date:	
End Date (if applicable):	

Additional information:

Additional information you want staff to know	
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Parent/ Guardian Signature

Parent / Guardian Name	
Signature	
Date	