

# CYS SERVICES SPECIAL DIET STATEMENT

(to be completed by Health Care Provider/Cleric as applicable)

Form Updated 10 Apr 09

Child's Name	Date of Birth	Date
Sponsor Name		
Health Care Provider/Clergy Name		Health Care Provider/Clergy Phone

Child, Youth and School Services (CYS Services) programs participate in the Child and Adult Care Food Program (CACFP) and must serve meals/snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a medical physician/health care professional. The medical physician must specify, in writing, the food to be omitted from the participant's diet and the food or choice of foods that may be substituted to meet your child's nutritional requirements. Please ask a medical physician/health care provider to complete and sign this form. Return the completed form to your CYS Services program or Central Enrollment and Registration (CER) as applicable.

CACFP DOES NOT REQUIRE participating programs to provide food substitutions for children based on religious preferences but does allow such variation as long as appropriate substitutions are made. Army policy allows programs to provide special diet requirements for religious reasons. In order for Army CYS Services programs to honor parents' special requests, patrons who request food substitutions for religious reasons are required to have a statement from a representative of their religious institution on file.

**Please check one:**

- Participant has a disability or a medical condition and requires a special meal or accommodation (for example: (e.g. juvenile diabetes, allergy to peanuts, anaphylaxis, etc.). CYS Services programs participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician (MD) or (DO) must sign this form.
- Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form and cannot be accommodated in CYS Services programs. CYS Services programs participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed health care provider must sign this form. Health care providers include a doctor of medicine (MD), osteopathic physician (DO), certified registered nurse practitioner (NP), or certified physician's assistant (PA).
- Participant is requesting a special diet due to the Family's religious beliefs.

**List the food(s) to be omitted from the diet and the foods that may be substituted.**

**\*NOTE: Substitutions will be provided as indicated on the reverse of this form unless otherwise specified.**

Foods to be Omitted	Reaction (if applicable)	*Authorized Substitutions if needed

List any additional instructions or requirements (i.e. Epi-pen intervention, special food preparation, etc.)Complex diet requirements may require a supplemental special diet plan and consultation with a dietician, i.e. gluten allergy, diabetes, etc.

**NOTE: Allergic reactions that require treatment with prescribed medication will also require an Allergy Medical Action Plan and this Special Diet Statement must be signed by a Health Care Provider.**  
 I certify that the above participant must be provided a special diet or requires special accommodations as indicated above.

\_\_\_\_\_  
 Medical Physician Signature **and Stamp**

\_\_\_\_\_  
 Date (YYYYMMDD)

**Cleric's Statement for Religious Food Preference**

This child may not consume the above listed food/s due to the family's religious beliefs. Substitutions will be provided as indicated on the reverse of this form unless otherwise indicated.

I certify that the above participant requires special accommodations as indicated above.

\_\_\_\_\_  
 Printed Name/Signature of Representative of Religious Institution

\_\_\_\_\_  
 Date (YYYYMMDD)

**Parental Notification/Consent**

In order to ensure that CYS staff working with children has knowledge of child's special diet requirements, photographs of children with special diets will be posted in the area where meals are served and the kitchen.

I agree with this plan

Parent Printed Name	Parent Signature	Date (YYYYMMDD)
APHN Printed Name	APHN Signature	Date (YYYYMMDD)
Parent Printed Name (Annual Update #1)***	Parent Signature	Date (YYYYMMDD)
Parent Printed Name (Annual Update #2)***	Parent Signature	Date (YYYYMMDD)

\*\*\* Special diet forms can be updated annually by parent if no changes have occurred.

CYS Services Substitution List		
Food Allergy	Essential Food Component Missing	Food Substitutions
Milk (lactose intolerant)	Calcium	** Lactose-free milk or soy milk
Dairy Product	Calcium	Soy products (cheese, yogurt)
Eggs	Protein	Cheese
Beef	Protein	Pork, chicken, turkey, seafood, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Chicken/Turkey	Protein	Beef, pork, seafood, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Pork	Protein	Beef, chicken, turkey, seafood, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Seafood	Protein	Beef, chicken, turkey, pork, seeds, beans, legumes, cheese, yogurt, soy based "meat" selections
Soy Products	Protein	Beef, chicken, turkey, pork, seeds, beans, legumes, cheese, yogurt
Wheat	Carbohydrates, folic acid, dietary fiber	Corn, potato, oats, soy and rice flours, cereals made from these items and arrowroot starch
Oatmeal	Carbohydrates, folic acid, dietary fiber	Corn, potato, soy, wheat and rice flours, and arrowroot starch; cereal: cornflakes, rice crispies
Tomatoes	Vitamin C	Broccoli, cauliflower, peas
Tomato Products	Vitamin C	Broccoli, cauliflower, peas
Strawberries	Vitamin C, potassium, dietary fiber	Apples, oranges, pears, peaches, plums, melons
Apple Juice	Vitamin C, dietary fiber	100% orange juice, grape, or grapefruit juice; no juice blends
Orange Juice	Vitamin C, dietary fiber, folic acid, potassium	100% apple juice, grape, or grapefruit juice; no juice blends
Peanuts/Peanut Butter/Nuts	Protein, vitamin E, niacin, folic acid	Beans, legumes, soy nut butter, cheese
MSG	N/A	Garlic salt/powder, onion salt/powder, Lawry's seasoned salt, all other single spices

**\*\*For a participant that does not have a recognized disability, the only fluid cow's milk substitution allowed by the USDA are: (1) lactose-free fluid cow's milk or a (2) non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations.**