



Iowa Child and Adult Care Food Program ALLERGY/FOOD EXCEPTION STATEMENT

Rev 6/2012

Description: The Child and Adult Care Food Program (CACFP) is funded by the United States Department of Agriculture (USDA). The CACFP reimburses centers for children's/adult's meals that meet USDA requirements. If an infant, child or adult needs to avoid specific foods for a medical reason, reimbursement is allowed only if a recognized medical authority has documented the need for an exception to the CACFP meal pattern and signed the statement.

Please complete this form and return to: _____
(Name of center)

Participant's Name: _____ Birth Date: _____

Parent/Caregiver/Guardian's Name: _____

Signature: _____ Date: _____
(For permission to release information to the center)

1) Disability: Does the participant have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a medical doctor (MD) or doctor of osteopathic medicine (DO) must sign this form. If the participant is not disabled the form may be signed by any of the recognized medical authorities listed below.	
If yes, describe the major life activity or activities affected by the disability:	
2) Special Dietary/Feeding Needs: Does the participant have a food allergy or intolerance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe the nature of the allergy/intolerance:	
Food(s) or Formula to Avoid:	Food(s) or Formula to Substitute:
Infants at CACFP centers must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.	
Other dietary or feeding needs for the participant:	

Date for a recheck or re-evaluation: _____

Medical authority: _____
Name (Print or Type)
Title

A recognized medical authority is one of the following: medical doctor (MD), doctor of osteopathic medicine (DO), physician's assistant (PA) or advanced registered nurse practitioner (ARNP).

Address: _____

 Signature of Medical Authority Date

Program, and which is receiving special meal pattern requirements and receiving reimbursement to assist with food costs. The center requires that parents provide CACFP enrollment information on an annual basis. This form will be placed in our files and treated as confidential information.



Iowa Child and Adult Care Food Program Child Care Enrollment Form

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care				Ethnicity/Race*			
		Arrival	Departure	M	T	W	Th	F	S	S	B	AM Sn	Lu	PM Sn	D	E Sn	Ethnicity	Race

*Ethnicity (Select one and enter in the chart above): H=Hispanic or Latino or N=Not Hispanic or Latino
 Race (Select one or more and enter in the chart above): W=White, B=Black or African American, I=American Indian or Alaska Native, A=Asian, and P=Pacific Islander
 This information is requested by the Federal Government in order to monitor compliance with civil rights law. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

Infants only (0 to 12 months): I am not enrolling an infant (skip this section)

As a participant in a USDA Child Nutrition Program, our center offers meals to children of all ages. Infant feeding is based on current nutrition guidelines. Infant foods are appropriate for the age and developmental readiness of your infant. Please select (X) your choice(s) of the following options that will fulfill your infant's food needs.

- I will provide breast milk for my infant. Center formula may be used to supplement feedings if necessary: Yes No
- I will provide infant formula for my infant. Name of formula: _____
- I accept the center's formula for my infant. Name of formula: _____
- I will provide a statement from a medical authority for non-reimbursable formula. Name of formula: _____
- I accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.
- I will provide solid foods for my infant*. The center may supplement with additional solid foods when my infant needs them: Yes No

*Meals cannot be reimbursed by the CACFP when parents provide solid foods except for medical reasons. DHS licensed centers are required to follow CACFP infant meal pattern requirements regardless of who supplies the food. Your center can provide a copy of the CACFP infant meal pattern and a list of reimbursable foods upon request.

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____ (Make any needed changes above, sign and date)

Parent Signature _____ Date: _____ (Make any needed changes above, sign and date)

USDA is an equal opportunity provider and employer.

This form is available in Spanish in "Form Download" (on the website where claims are submitted)