

Milwaukee Office
 1736 N 2nd Street
 Milwaukee, Wisconsin 53212
 414-562-2650
 414-562-2651 fax



Racine Office
 1208 Grove Ave
 Racine, Wisconsin 53204
 262-633-0959
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CACFP DIET STATEMENT

Child's Name	Age	
Name of Facility		
Does the child have a disability ? If Yes, describe the major life activities affected by the disability.	Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician or other licensed health care professional.	Yes	No
If the child is not disabled , does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.	Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the provider.		
PART B		
List any dietary restrictions or special diet.		
List any allergies or food intolerances to avoid.		
List foods to be substituted.		
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "ALL"		
Cut up or chopped in to bite size pieces:		
Finely ground:		
Pureed:		
List any special equipment or utensils that are needed.		
Indicate any other comments about the child's eating or feeding patterns		
<u>Parent's Signature</u>	Date:	
<u>Physician or Medical Authority's Printed Name and Phone Number</u>	0	
<u>Physician or Medical Authority's Signature</u>		

Serving Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha Counties