

SPECIAL DIET STATEMENT FOR SPECIAL NEEDS (DEVELOPMENTALLY DISABLED) INDIVIDUAL

The individual named below is a participant in the Colorado Department of Public Health and Environment, Child and Adult Care Food Program (CACFP). His or her childcare center is required to serve the individual according to the minimum requirements of the CACFP (see reverse).

If an individual who participates in the CACFP is considered developmentally disabled, foods may be substituted for those required by the Program if a physician designates the individual as having a developmental disability, which substantially limits one or more major life activities. Major life activities include "caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working".

In order for this individual to receive foods that vary from the meal pattern required by the Child and Adult Care Food Program regulations, you will need to fill out the lower part of this form. You must indicate the individual's developmental disability and include a description of the major life activity affected by the developmental disability, how the developmental disability affects the individual's ability to ingest certain foods, the food(s) to be omitted from the individual's diet, and the food or choice of foods that may be substituted.

Today's Date: _____ **Substitution Effective Through:** _____

Individual's Name: _____ **Age:** _____

Center's Name: _____

Individual's Developmental Disability: _____

Indicate How This Condition Affects The Individual's Diet: _____

Major Life Activity Affected By the Developmental Disability: _____

Foods To Be Omitted From the Diet

Food(s) To Be Substituted

Type/Print Name of Licensed Physician: _____

Signature of Licensed Physician: _____