



Dietary Preference Request Form

It is considered a dietary preference when you eat certain foods, or eliminate them from the diet, due to a general health concern and/or preference. This is not related to a disability. *For example: religious, ethnic, vegetarian, vegan.* **CCFP institutions/facilities are not required to, but strongly encouraged, to make meal modifications due to preference.**

Child's First and Last Name	Date of Birth
Name of Center/Care Provider	
Name of Parent/Guardian	Phone Number

Dietary Preference (check all that apply):

My child does not have a medical need or disability but I am requesting a dietary accommodation based on a dietary preference. *(Complete dietary accommodations section below)*

My child does not have a medical need or disability but I am requesting that they be served an approved fluid milk substitute in place of cow's milk: _____

Dietary Accommodations:
List reason(s) for requested accommodation(s):

List specific food items to be omitted and substitutions requested below:
(All food items MUST meet CCFP meal pattern requirements)

Foods to be Omitted	Foods to be Substituted

Parent/Guardian may supply ONE food item per meal. Check below and list food item(s) that will be supplied by parent/guardian

I will provide the following food item(s) _____

Parent Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

This request will be accommodated will not be accommodated by child care center



Fòm Demann Preferans Alimantè

Li konsidere kòm yon preferans alimantè lè ou manje sèten manje, oswa elimine yo nan rejim alimantè a, akòz yon enkyetid ak/oswa preferans. Sa a pa gen rapò ak yon andikap. *Pa egzanp: relijye, etnik, vejetaryen, vejetalyen.* **Li pa obligatwa, men nou ankouraje gadri CCFP yo fè modifikasyon nan manje si gen yon preferans.**

Non ak Siyati Timoun nan	Dat Nesans
Non Sant la/Moun k ap bay Swen an	
Non Paran an/Responsab Legal la:	Nimewo Telefòn

Preferans Alimantè (Chwazi tout sa ki koresponn yo)

- Pitit mwen an pa gen yon bezwen medikal oswa yon adikap men m ap mande yon aranjman alimantè ki baze sou yon preferans alimantè. *(Ranpli seksyon aranjman alimantè ki anba a.)*
- Pitit mwen an pa gen yon bezwen medikal oswa yon adikap men m ap mande pou yo sèvi yo yon ranplasman lèt likid ki apwouve nan plas lèt bèf: _____

Aranjman Alimantè:

Lis rezon (yo) pou aranjman yo mande (yo):

Lis atik manje espesifik yo dwe evite ak ranplasman yo mande pi anba a:
(Tout manje yo DWE satisfè kondisyon modèl manje CCFP yo)

Manje yo dwe evite	Manje yo dwe ranplase

Paran/responsab legal la gendwa bay yonsèl aliman pou chak repa. Tcheke pi ba a epi bay lis atik manje paran/responsab legal la ap bay yo

- Mwen ap bay manje sa (yo) _____

Siyati Paran an: _____ Dat: _____

Non an ak Lèt Detache: _____ Nimewo Telefòn: _____

Sant gadri a ap aksepte oswa li p ap aksepte demann sa a