



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: _____