NEBRASKA
DEPARTMENT OF EDUCATION

Revised: March 2025

MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your participant of the Child and Adult Care Food Program (CACFP) that cannot be achieved within federal meal pattern requirements. Therefore, to meet your participant's needs, this form must be completed and returned to the care provider. The form must be completed by a State Licensed Health Care Professional, (Physician (MD or DO), Physician Assistant (PA), Advance Practice Registered Nurse - Nurse Practitioner (APRN-NP), Registered Dietitian or chiropractor. A Licensed Medical Nutritional Therapist (LMNT) may also complete and sign when acting under the consultation of a licensed physician.

Name of the Participant:		Date of Birth:
Name of the Parent/Guardian:		Telephone:
Address:	City:	State/Postal Code:
Email Address:		
Description of participant's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:	If applicable, list the foods to substitute:	
Texture Modifications:	Thickness Modifications:	
Signature of the State Licensed Health Professional:	Name of the doctor who refers and works with the LMNT (*if applicable*):	
Printed Name and Title:	Phone Number:	Date:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf , from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **Mail:** U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **Fax:**(833) 256-1665 or (202) 690-7442; or
3. **Email:**program.intake@usda.gov

This institution is an equal opportunity employer.

Internal Use – Child Care Provider's Information

Return to: _____

Phone number: _____

Date form received by childcare provider: _____

Follow-up: _____