



Preference Request

A dietary preference refers to the choice to include or exclude certain foods based on personal, cultural, or general health considerations. Examples include religious, ethnic, vegetarian, or vegan diets. This does not pertain to a disability-related dietary need. **Child Care Food Program (CCFP) providers are not required, but strongly encouraged, to make meal modifications due to preference. All substituted foods MUST meet CCFP meal pattern requirements to be claimed.**

GENERAL INFORMATION

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

DIETARY PREFERENCE AND ACCOMODATIONS

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. *All food items must meet CCFP meal pattern requirements to be claimed.*

Foods to be Omitted	Foods to be Substituted

When the child care center allows outside food to be brought in:

Parent or guardian may supply ONE food item per meal. **Indicate below and list food item(s) that will be supplied by parent or guardian. Food supplied must meet CCFP meal pattern requirements.**

☐ I will provide the following food item(s) that meet CCFP meal pattern requirements: _____

SIGNATURE

Name of Parent/Guardian: _____ Phone Number: _____
Parent/Guardian Signature: _____ Date: _____

FOR AGENCY USE ONLY:

This request: ☐ will be accommodated ☐ will not be accommodated by the childcare center