



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
MEDICAL FOOD SUBSTITUTION RECORD

The Child & Adult Care Food Program Requirements for Meal Pattern Substitutions Section 7.5 require food substitutions to be authorized by a recognized medical authority. Recognized medical authority includes physician, physician assistant, or nurse practitioner. The recognized medical authority must specify, in writing, the food to be omitted from the patient's diet and the food or choice of foods that may be substituted.

PATIENT'S NAME:

MEDICAL DIAGNOSIS / REASON:

SPECIAL ASSISTANCE/EQUIPMENT REQUIRED:

FOOD SUBSTITUTION LIST:

| Fluid Milk | Allowed Substitutes | Texture (e.g., cut up, ground mince, puree, liquidity) |
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| Meat & Meat Alternative (e.g., eggs, cheese peanut butter, dry bean, yogurt, etc.) | Allowed Substitutes | Texture (e.g., cut up, ground mince, puree, liquidity) |
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| Bread, Cereal or Whole Grain Products | Allowed Substitutes | Texture (e.g., cut up, ground mince, puree, liquidity) |
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| Fruit & Vegetables or Juice | Allowed Substitutes | Texture (e.g., cut up, ground mince, puree, liquidity) |
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Additional Dietary Concerns and/or Required Equipment or Assistance Needed:

I (medical authority) certify that the above patient must be provided a special diet or requires special accommodations as indicated above.

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| SIGNATURE | TITLE | DATE |
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