



## DA 7720 Special Diet Statement

Instruction how to complete the form:

The form must be completed by the medical provider. Please do not leave any fields blank.

\*Please note: We are a **Nut Free Center**. We can not use any nut products as a food substitution. It must be one of the food substitution suggestions on the list (see attached).

Parent will require to sign the form before submitting to the Center.

If you need help completing the form, please contact the Parent Central Services at 717-245-3801.

Thank you.

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)****CYS SERVICES SPECIAL DIET STATEMENT**

For use of this form, see AR 608-75; the proponent agency is ACSIM.

*(To be completed by a licensed Health Care Provider/Cleric as applicable)***PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

**PRINCIPAL PURPOSE:** Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

**ROUTINE USES:** The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

**DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

|                      |                      |                                   |      |
|----------------------|----------------------|-----------------------------------|------|
| Child/Youth's Name   | Date of Birth        | Sponsor Name/Rank                 | Date |
| Sponsor Phone Number | Health Care Provider | Health Care Provider Phone Number |      |

CYS Services programs participate in the Child and Adult Care Food Program (CACFP) and must serve meals/snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a medical physician/health care professional. The medical physician must specify, in writing, the food to be omitted from the participant's diet and the food or choice of foods that may be substituted to meet your child/youth's nutritional requirements.

**CACFP DOES NOT REQUIRE** participating programs to provide food substitutions for children based on religious preferences but does allow such variation as long as appropriate substitutions are made. Army policy allows programs to provide special diet requirements for religious reasons. In order for Army CYS Services programs to honor parents' special requests, patrons who request food substitutions for religious reasons are required to have a statement from a representative of their religious institution on file.

**Please check one:**☐

Participant has a disability or a medical condition and requires a special meal or accommodation (e.g. juvenile diabetes, allergy to peanuts, severe food allergy that results in anaphylaxis). CYS Services programs participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed Healthcare Provider must sign this form. Licensed health care providers authorized to provide approval are doctors of medicine (MD), osteopathic physicians (DO), certified registered nurse practitioners (NP), or certified physician's assistants (PA). **THIS FORM MUST BE SUBMITTED PRIOR TO ATTENDING CARE. NOTE: Family food preferences are not an appropriate use of this form and cannot be accommodated in CYS Services programs. IAW USDA Requirements.**

☐

Participant is requesting a special diet due to the Family's religious beliefs. APHN review not required. **THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS OF RECEIPT to program. SUBSTITUTIONS MUST BE PROVIDED UPON COMPLETION OF THIS FORM.**

| Foods to be omitted | Reaction (if applicable) | *Authorized Substitutions | Additional Information (i.e. EPI-pen intervention, special food preparation) |
|---------------------|--------------------------|---------------------------|------------------------------------------------------------------------------|
|                     |                          |                           |                                                                              |
|                     |                          |                           |                                                                              |
|                     |                          |                           |                                                                              |

**MEDICAL SPECIAL DIET**

Listed above is the food(s) to be omitted from the diet and the foods that may be substituted.  
**\*NOTE: Substitutions will be provided as indicated on page 2 of this form unless otherwise specified.**  
*I certify that the above participant requires special accommodations as indicated above.*

|                               |                                |                 |
|-------------------------------|--------------------------------|-----------------|
| Stamp of Health Care Provider | Health Care Provider Signature | Date (YYYYMMDD) |
|-------------------------------|--------------------------------|-----------------|

**RELIGIOUS SPECIAL DIET**

Listed above is the food(s) to be omitted from the diet and the foods that may be substituted.  
**\*NOTE: Substitutions will be provided as indicated on page 2 of this form unless otherwise specified.**  
*I certify that the above participant requires special accommodations as indicated above.*

|                                                 |                                                      |                 |
|-------------------------------------------------|------------------------------------------------------|-----------------|
| Name of Representative of Religious Institution | Signature of Representative of Religious Institution | Date (YYYYMMDD) |
|-------------------------------------------------|------------------------------------------------------|-----------------|

### NOTIFICATION/CONSENT

In order to ensure that CYS Services staff working with children/youth has knowledge of special diet requirements, photographs of children/youth with special diets will be posted in the area where meals are served and maintained in the kitchen.

#### I AGREE WITH THE PLAN OUTLINED ABOVE.

|                                         |                                                                                                              |                 |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------|
| Name of Parent/Guardian - <b>YEAR 1</b> | Signature of Parent/Guardian                                                                                 | Date (YYYYMMDD) |
|                                         |                                                                                                              |                 |
| Name of Parent/Guardian - <b>YEAR 2</b> | Signature of Parent/Guardian                                                                                 | Date (YYYYMMDD) |
|                                         |                                                                                                              |                 |
| Name of Parent/Guardian - <b>YEAR 3</b> | Signature of Parent/Guardian                                                                                 | Date (YYYYMMDD) |
|                                         |                                                                                                              |                 |
| Name of Army Public Health Nurse        | Signature of Army Public Health Nurse ( <b>NOTE: APHN review not required for Religious Special Diets.</b> ) | Date (YYYYMMDD) |
|                                         |                                                                                                              |                 |

#### FOLLOW-UP

Allergic reactions that require treatment with prescribed medication will also require an Allergy MAP. Special Diet Statements must be updated/revised whenever the health status of the child/youth changes. If there are no changes, Special Diet Statements must be updated every 12 months.

#### \*\*MEDCOM DIETICIAN APPROVED FOOD SUBSTITUTIONS

| Foods Allergy                      | Essential Food Component Missing                | **Food Substitutions                                                                              |
|------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Apple Juice                        | Vitamin C, dietary fiber                        | 100% orange, grape, grapefruit juices; no juice blends                                            |
| Beef                               | Protein                                         | Chicken, Turkey, seeds, beans, legumes, cheese, yogurt, soy based selections                      |
| Chicken/Turkey                     | Protein                                         | Seeds, beans, legumes, cheese, yogurt, soy based selections                                       |
| Dairy Product                      | Calcium                                         | Soy products ( <i>cheese, yogurt</i> )                                                            |
| Eggs                               | Protein                                         | Cheese                                                                                            |
| Milk ( <i>Lactose Intolerant</i> ) | Calcium                                         | Soy/Rice Milk and products/Lactose Free Milk                                                      |
| MSG                                | N/A                                             | Garlic salt/powder, onion salt/powder, Lawry's seasoned salt, all other single spices             |
| Orange Juice                       | Vitamin C, dietary fiber, folic acid, potassium | 100% apple, grape, grapefruit juices; no juice blends                                             |
| Oatmeal                            | Dietary fiber, folic acid, carbohydrates        | Corn, potato, soy, wheat and rice flours and arrowroot starch, cereal: corn flakes, rice crispies |
| Peanuts/Peanut Butter/Nuts         | Protein, vitamin E, niacin, folic acid          | Beans, legumes, sun butter, cheese                                                                |
| Pork                               | Protein                                         | Chicken, turkey, seeds, beans, legumes, cheese, yogurt, tofu, soybeans, soy based selections      |
| Seafood                            | Protein                                         | Chicken, turkey, seeds, beans, legumes, cheese, yogurt, soy based selections                      |
| Soy Products                       | Protein                                         | Chicken, turkey, seeds, beans, legumes, cheese, yogurt,                                           |
| Strawberries                       | Vitamin C, potassium, dietary fiber             | Apples, oranges, pears, peaches, plums, melons                                                    |
| Tomatoes                           | Vitamin C                                       | Apples, oranges, pears, peaches, plums, melons                                                    |
| Tomato Products                    | Vitamin C                                       | Apples, oranges, pears, peaches, plums, melons                                                    |
| Wheat                              | Carbohydrates, folic acid, dietary fiber        | Corn, potato, oat, soy and rice flours and cereal made from these items and arrowroot starch      |