Food Substitution Letter to Provider

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| --- | --- |
| Date: |  |

|  |  |
| --- | --- |
| Legal Last, First, Middle Name: |  |
| Date of Birth (mm/dd/yyyy): |  |
| Site: |  |
| Program: |  |

Dear Medical Provider:

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| --- | --- |
| It has been reported that the above child has requested a modified diet due to: |  |
|  |
|  |

Seedlings must be prepared to care for this child’s specific dietary needs. Because USDA reimburses us for meals and snacks, we must have a **Request for Special Dietary Accommodations** form filled out that can be found attached to this letter.

Please complete the form as soon as possible. This child will **NOT** be able to attend our program until we have the form completed. You may give the form to the parents to bring to us or mail/scan fax it to the information listed below.

Please contact me if you have any questions or concerns. Thank you for your cooperation.

|  |  |
| --- | --- |
| Printed Staff Name: |  |
| Phone Number: |  |
| Mailing Address: |  |
|  |
| Fax Number: |  |
| Email Address: |  |

This Institution is an equal opportunity provider