



Office Use Only

Grid of 10 boxes

Grid of 20 boxes

Grid of 30 boxes

Section C-Food Modification

Food Modification: List modifications of food texture or consistency that are necessary (describe the patient's disability, major life activity affected by the disability and approved substitution/modification if any)

Description of Child's Physical or Mental Impairment Affected:

:

Foods To Be Omitted

Suggested Substitutions

Three horizontal lines for food omissions

Three horizontal lines for substitutions

Modification

Please check the appropriate texture modification

- Checkboxes for Pureed, Machine Ground, and Other(specify)

If Thickened:

- Checkboxes for Pudding Consistency, Honey Consistency, Nectar Consistency, and Other (please specify)

Explanation of Diet Prescription to ensure proper implementation:

Please make sure LHP Signs the form on the front

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Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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