

Diet Modification Request Form

Complete this form (top section: parent/guardian, remainder: medical professional) and return to the provider.

Name of provider: _____
(school, head start, summer meal provider, day care, or home provider)

Student/Participant Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods:

Infants under one year of age must receive iron-fortified infant formula or breast milk unless a Diet Modification Request Form is on file.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk. This provider chooses to offer _____ as the nutritionally equivalent milk substitute. Check here if you would like to request the milk substitute listed in place of fluid milk and list the reason for the request: _____

Parent/Guardian signature: _____ Date: _____
(To provide permission for a medical professional to complete the form and share information as needed with the appropriate staff to make accommodations.)

The remainder of the form must be completed by an approved medical professional. In Iowa this includes Registered Dietitians or a "medical authority" that is authorized by state law to write medical prescriptions: Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician's Assistants (PA), Advanced Registered Nurse Practitioners (ARNP) or Dentists (DDS or DMD).

Medical professional: _____
(Name, print or type) (Title)

(Signature of medical professional) (Date)

Modifications are required by The U. S. Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. "Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

1) Describe the medical need related to the diet order and "major life activity" (see above) affected. <i>Example: Allergy to peanuts affects ability to breathe.</i>	
2) Explain what must be done to accommodate the medical need:	
Food(s) or Formula to Omit:	Food(s) or Formula to Substitute: If the request is for a food allergy, are foods made in a facility with the allergen acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No
Complete the back to provide additional details.	
<input type="checkbox"/> Check if a texture modification is requested (use International Dysphagia Diet Standardisation Initiative (IDDSI) terminology) Foods: <input type="checkbox"/> Regular <input type="checkbox"/> Easy to chew <input type="checkbox"/> Soft & bite-sized <input type="checkbox"/> Minced & Moist <input type="checkbox"/> Pureed <input type="checkbox"/> Liquidised Liquids: <input type="checkbox"/> Thin <input type="checkbox"/> Slightly thick <input type="checkbox"/> Mildly thick <input type="checkbox"/> Moderately thick <input type="checkbox"/> Extremely thick Special Feeding Equipment: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Equipment Needed: _____ <i>(Example: large handled spoon, sippy cup, etc.)</i>	

Check the box in front of foods that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no</p> <p><input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> Milk based desserts such as ice cream and pudding</p> <p><input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese</p> <p><input type="checkbox"/> Cheese baked in products such as a casserole or on pizza</p> <p><input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich</p> <p><input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers</p>	<p>Serve these items instead:</p>
<p>Soy - Do not serve the items checked below:</p> <p><input type="checkbox"/> Protein products extended with soy</p> <p><input type="checkbox"/> Processed items cooked in soy oil</p> <p><input type="checkbox"/> Food products with soy as one of the first three ingredients</p> <p><input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list</p>	<p>Serve these items instead:</p>
<p>Egg - Do not serve the items checked below:</p> <p><input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold</p> <p><input type="checkbox"/> Eggs used in breading or coating of products</p> <p><input type="checkbox"/> Baked products with eggs such as breads or desserts</p>	<p>Serve these items instead:</p>
<p>Seafood – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fish (Cod, tuna, tilapia, haddock, salmon, etc.)</p> <p><input type="checkbox"/> Shrimp</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>
<p>Peanuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> Peanuts, individually or as an ingredient</p> <p><input type="checkbox"/> Foods containing peanut oil</p> <p><input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts</p>	<p>Serve these items instead:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> All nuts</p> <p><input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>
<p>Grains – Do not serve the items checked below:</p> <p><input type="checkbox"/> Foods containing wheat</p> <p><input type="checkbox"/> Foods containing gluten</p> <p><input type="checkbox"/> Oats</p> <p><input type="checkbox"/> Other: _____</p>	<p>Serve these items instead:</p>
<p>Sesame – Do not serve the items checked below:</p> <p><input type="checkbox"/> Foods containing sesame</p>	<p>Serve these items instead:</p>