# Requesting an Accommodation for Special Dietary Needs Procedure and Process

Tri-Township Schools adheres to specific United States Department of Agriculture (USDA) guidelines in providing special dietary accommodations for students. A "reasonable modification" is a change or alteration in practices or procedures to accommodate a disability that ensures that all students have equal opportunity to participate in or benefit from the program. In accordance with the criteria set forth in 7 CFR Part 15b, those students who are unable to eat the school meal as is due to a disability, medical need, and/or impairment are accommodated at no additional charge. Meal modifications must be related to the disability or limitations caused by the disability. The USDA regulations for school nutrition programs does not require meal modifications for children whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, and personal food preferences.

Per Section 504 of the Rehabilitation Act of 1973, parents/ guardians have a right to an evaluation of their student if the district has reason to believe that the student has a mental and/or physical impairment that substantially limits a major life activity, which can involve eating/digestion. Students have the right to this evaluation before any plan for accommodation. Parents/guardians should ensure that they contact the school if they feel as though an evaluation would be appropriate.

Parents/guardians should complete the necessary information on the medical statement form to request an accommodation for their student. The school may contact the student and parents/guardians for additional information as needed. For example, if the substitutions needed for accommodations fall outside of the USDA meal pattern, the form must be signed by state licensed healthcare professional with prescriptive authority or registered dietitian.

**Procedural Safeguards**

If the household feels that reasonable accommodations are not being met, they have the right to contact the school's 504 Coordinator and:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable resolution of the grievance;
- Request and participate in an impartial hearing to resolve their grievances;
- Be represented by counsel at the hearing;
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

**Accommodations Coordinator**

The safety of your child comes first. If you have a child with a disability, medical need, or impairment, please submit your request for accommodation by completing this form and submitting it to: Colleen Billings & Samantha Alameda

For more information about accommodations for meals and the meal service for students with disabilities, please contact Colleen Billings & Samantha Alameda

**USDA Nondiscrimination Statement**

*In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. 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.*

This institution is an equal opportunity provider.

# Special Dietary Needs Medical Statement Form

This school/facility participates in a federally funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable meal accommodations must be made when the accommodation requested is due to a disability or impairment. If you are requesting a meal accommodation or substitution, please complete and sign this form. A note from a medical authority may be required. Please obtain a doctor (DO or MD), nurse practitioner (NP), physician assistant (PA) or registered dietitian (RD) signature if your student requires a special menu or meal modification.

If you have any questions, please contact Samantha Alam at samanthaalameda@tritownship.k12.in.u .

## Parent/Guardian:

| Student's Name | Date of Birth | Grade Level/Classroom | Name of School/Site |
|---|---|---|---|
| | | | |

| Name of Parent/Guardian | Phone Number of Parent/Guardian |
|---|---|
| | |

**Disability/Medical Need of Student:**

☐ Allergy ☐ Texture Modification

☐ Intolerance ☐ Other

**Allergies and Intolerances**

**What food(s)/type(s) of foods should be omitted? Please be as specific as possible.**

**List foods to be substituted.**

**Texture Modifications**

| Food should be: | Liquids should be: |
|---|---|
| ☐ Pureed | ☐ Pudding Thick |
| ☐ Diced/Finely Ground | ☐ Honey/Nectar Thick |
| ☐ Chopped/cut into bite-size pieces | ☐ Thinned |
| ☐ Other (please specify): | ☐ Other (please specify): |

**Additional Information**

**Provide an explanation of how the student's physical or mental impairment restricts the student's diet**

**Describe any additional details for clarification such as required special adaptive equipment, reactions to allergies, etc.:**

| Signature of Parent/Guardian | Date |
|---|---|
| | |
| **Name of Medical Authority & Title (please PRINT)** | **Provider Phone Number** |
| | |
| **Signature of Medical Authority** | **Date** |
| | |

*Signing the following section is optional but may prevent delays by allowing school personnel to speak with the medical authority.*

Health Insurance Portability and Accountability Act Waiver (HIPPA)

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and Family Educational Rights and Privacy Act (FERPA), I hereby authorize_____(medical authority) to release such protected health information of my child as is necessary for the specific purpose of special diet information to_____(school/program), and I consent to allow the medical authority to freely exchange the information listed on this form and in their records concerning my child, with the school program, as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. This information is to be released for the specific purpose of special diet information. The undersigned certifies that he/she is the parent, guardian, or representative of the child listed on this document and has the legal authority to sign on behalf of that child.

**Parent/Guardian Signature**:_____**Date**:_____

School/Faculty Use Only:

☐ Form Received on_____. ☐ Accommodation will begin on_____.

☐ Accommodations within meal pattern. ☐ Accommodations not within meal pattern.

☐ Form incomplete. Parent contacted on_____.

☐ Form complete. Accommodation will not be made. ☐ Request not reasonable. ☐ 504 coordinator contacted.

_____ _____

Date Signature of Food Service Director/Contact