

MEAL CHANGE REQUEST FORM INSTRUCTIONS

Important! Select the applicable meal modification category (refer to #1 and #2 below). Then, carefully read and follow the steps for that type of request. If the form is incomplete, the school will follow-up with the **parent/guardian about the request**. It is recommended that you keep a copy of the completed form. If you have any questions about this form, contact the school.

Note to Parent/Guardian/Participant: As required in FNS Instruction 783, Rev. 2, Section V Cooperation: When working with a meal change request, food service staff should work closely with the parent(s) / guardian(s) / participant(s) or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a condition that limits major life activity to ensure that reasonable steps are taken that will allow the individual's participation in the meal service.

1. Meal Change Request due to a condition that limits a major life activity:

- A school is required to provide a meal change for a condition that limits major life activity. See the 'Definition of Disability' below. A participant does not need to be labeled as having a 'disability' to need a meal change.
- A meal change request must be signed by a **recognized medical authority** (practitioner authorized to write prescriptions).
- Part A and C (optional) of this form should be completed by the parent/guardian/participant.
- Part B of this form must be completed by a recognized medical authority.
- If a signed meal change form is requested, the school must provide the alternate meal pending the signed form.
- The special diet request will continue until a parent/guardian/recognized medical authority tells the school that the change request is no longer needed. Documentation to end the meal change may be requested.
- It is our policy that parent(s) / guardian(s) annually update the special diet order.
- A parent/guardian who is an MD, DO, PA, CNS, or CNM may sign his/her own child's meal change request.

The term "disability" means, with respect to an individual

a. A physical or mental impairment that substantially limits one or more major life activities of such individual:

i. Major life activities 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.

ii. A major life activity also includes the 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.

b. A record of such impairment; or

c. Being regarded as having such an impairment

i. An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment, whether the impairment limits or is perceived to limit a major life activity.

2. Meal Change Request due to a lifestyle choice, general health concern, etc.:

- A **school is not required** to provide a meal change for requests that are based on lifestyle choices, general health concerns, etc. and a major life activity is not affected.
- Part A, B and C (optional) of this form should be completed by the parent/guardian/participant.
- If the school provides a meal change for this reason a signed meal change form is requested, the special diet request will continue until a parent/guardian tells the school that the change request is no longer needed. Documentation to end the meal change may be requested.
- It is our policy that parent(s) / guardian(s) annually update the special diet order.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascrusda.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

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MEAL CHANGE REQUEST FORM

* Keep a copy of the completed form for your records.

Part A – Participant, Parent/Guardian, and School Contact Information – To be completed by a parent/guardian or school/agency contact person –			
1. School Name		3. School Telephone	
4. Name of Participant/Student		5. Date of Birth	
6. Name of Parent or Guardian		7. Parent/Guardian Telephone	
Part B – Meal Change – To be completed by a medical authority (State-licensed healthcare professional authorized to write prescriptions) if change is outside of the meal pattern. The school can help you to understand what the meal patterns require.			
8. Check One: <input type="checkbox"/> a. Participant has a <u>condition which limits a major life activity.</u> <input type="checkbox"/> b. Participant does not have a condition which limits a major life activity.			
9. State the condition, food allergy/intolerance, medical condition, or reason a meal change is required/requested (use extra pages if needed):			
10. If the participant has a condition that limits a major life activity (see definition on instructions page), provide a brief description of the major life activity (see list on instructions page) affected by the condition (e.g. allergy to peanuts affects ability to breathe): <input type="checkbox"/> Check if not applicable			
11. Modified Texture: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed		12. Modified Thickness: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon or Pudding Thick	
13. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a separate page with more information if needed.) <input type="checkbox"/> Check if not applicable <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> A. Foods To Be Omitted _____ _____ _____ </div> <div style="width: 45%;"> B. Suggested Substitutions _____ _____ _____ </div> </div>			
14. Additional Information: (Such as special feeding equipment, type of meal modification, etc.).			
15. Signature of Preparer (When Medical Authority is not required)		16. Printed Name	
17. Telephone Number		18. Date	
19. Signature of Medical Authority/Title		20. Printed Name	
21. Telephone Number		22. Date	

Part C – Parent/Guardian Permission – To be completed by a parent/guardian (not required, but encouraged)

I give permission for school/agency personnel responsible for implementing my child's meal modification to discuss my child's meal change with any appropriate school/agency staff and to follow the meal modification for my child's school/agency meals. I also give permission for my child's medical authority to further clarify the meal modification on this form if requested to do so by school/agency personnel.

23. Parent/Guardian Signature:**24. Date:****Part D – Request Change for Fluid Cow's Milk due to a general health concern** – To be completed by parent/guardian.

25. For a student who does not have an impacted major life activity, the only fluid cow's milk substitutions allowed by USDA are:

- (a) Lactose-free or reduced-lactose fluid cow's milk,
- (b) Fluid goat's milk,
- (c) Buttermilk,
- (d) Acidified milk, or
- (e) Non-dairy beverages with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations.

Instead of fluid cow's milk, please provide the individual named in Part A of this form with the following substitute (check ONE):

- ☐ Lactose-free milk ☐ Reduced-lactose milk ☐ Fluid goat's milk ☐ Buttermilk ☐ Acidified milk
- ☐ Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations

If a milk substitution does not meet the nutrient profile equivalent of fluid cow's milk, a major life activity must be involved and a recognized medical authority must complete Part B and sign the form.

26. Parent/Guardian Signature:**27. Date:**

Questions? Please contact the De Smet School- 605-854-3674