# **SPECIAL DIET STATEMENT**For a Participant With a Disability

This Special Diet Statement is ONLY for a participant with a disability that affects the diet. This form must be:

- Thoroughly completed and signed by a licensed physician.
- Submitted to the school/center/site before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.
- Updated whenever the participant's diagnosis or special diet changes.

PART 1: PARTICIPANT IN PARENT OR GUARDIAN I		ASE DDINIT	
PAILINI ON GUANDIAN I	WIOST COMPLETE. PLL	LAGE FRINT.	
			— <del></del>
Participant's Name: Last/Fi		Today's Date	
N	. Att		
Name of School/Center/Sit	e Attended		Date of Birth
Parent/Guardian Name	Home F	Phone Number	Work Phone Number
Parent/Guardian Address		City	State Zip Code
Meals or sna	cks to be eaten at scho	ool/center/site: (ch	neck all that apply)
	er/Child Care/Adult Car		—Summer Food Service Program
☐ Breakfast	☐ Breakfast		☐ Breakfast
Lunch	Lunch		Lunch
☐ Afterschool	☐ Supper		Supper
Care Program	☐ Snack (am/pm/eve)		☐ Snack
	Afterschool Meal		
Parent/Guardian Signature	:		Date:
OR Participant's Signature	(Adult Day Care)		
Note to Parent(s)/Guardia	an(s)/Participant: You r	may authorize the	director of the
school/center/site to clar			
<b>Voluntary Authorization s</b>			
	TATLIC		
PART 2: PARTICIPANT ST LICENSED PHYSICIAN M		SE PRINT.	
Participant has a disabilit			commodation.
An individual with a disabili	tv is described under Se	ection 504 of the Re	ehabilitation Act (1973) and the
			or mental impairment that substantially
limits one or more major life	` ' '	no nas a priysicar	or mental impairment that substantially
Refer to the document tit	led Special Diet Staten	nent Guidance for	definitions of "disability" and
"major life activities" whi			deminione or disability und
1. Identify the participar	nt's disability:		and/or
Identify food allergy t	hat is life-threatening/an	aphylactic (conside	and/or ered a disability):
2. Identify the "major life	e activities" affected by the	he disability	
3. Describe how the dis	ability restricts the partic	cipant's diet:	

## PART 3: DIETARY ACCOMMODATION FOODS TO BE OMITTED AND FOODS TO BE SUBSTITUTED/OTHER INSTRUCTIONS LICENSED PHYSICIAN MUST COMPLETE. PLEASE PRINT

**Foods to be omitted and substitutions**: List specific foods to be omitted and foods to be substituted. You may attach a sheet with additional information.

FOODS TO BE OM	ITTED	FOODS TO BE SUBSTITUTED	
☐ Texture Modific	ation: Pureed Ground	d ☐ Bite-Sized Pieces ☐ Other (specify):	
☐ Tube Feeding:	Formula Name:		
		uctions (describe). Attach specific diet order	
	CENSED PHYSICIAN CIAN MUST SIGN and RETAIN A	A COPY of this DOCUMENT.	
Licensed Physician	Name/Credentials (print):		
Signature:		Date:	
Clinic/Hospital Name	e:		
		Fax Number:	

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#### VOLUNTARY AUTHORIZATION

A PARENT/GUARDIAN/PARTICIPANT MAY CHOOSE TO COMPLETE THIS SECTION GIVING PERMISSION TO THE LICENSED PHYSICIAN TO DISCUSS AND CLARIFY A DIET ORDER WITH A DIRECTOR OF A SCHOOL, CENTER OR SITE.

Note to Parent(s)/Guardian(s)/Participant: As stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation: "When implementing the guidelines of this instruction, food service personnel should work closely with the parent(s)/guardian(s)/participant 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 disability that affects the diet to ensure that reasonable accommodations are made to allow the individual's participation in the meal service.

This voluntary authorization encourages such cooperation by allowing the following:

- After review of this Special Diet Statement, the school, center or site may need more information
  or clarification from the physician before it can provide the special diet. By signing this
  authorization you are permitting the school, center or site to discuss or clarify the diet order with
  the physician.
- Before any changes agreed to between the director of the school, center or site and physician take place, the parent(s)/guardian(s)/participant need to be informed.
- The changes agreed to will then be incorporated into an amended Special Diet Statement.
- If more information is needed but this authorization statement has not been signed, implementation of the special diet may be delayed.
- If authorization is signed, make a copy of this document before submitting to the school, center or site.

This authorizes the licensed physician to discuss o	or clarity the diet order prescribed for
	(participant's name) with the director at
will remain in effect until the diagnosis has change	(name of school/center/site). This authorization d or a new diet order is prescribed.
This authorization may be revoked at any time by soriginally signed the Special Diet Statement.	submitting a request in writing to the physician who
I understand that specific information disclosed purdisclosure by the school/center/site director and wire Portability and Accountability Act of 1996 (HIPAA)	ill no longer be protected under the Health Insurance
Parent/Guardian Signature: OR Participant's Signature (Adult Day Care)	Date:

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### SPECIAL DIET STATEMENT GUIDANCE

(For a Licensed Physician)

# Substitutions or Modifications for Participants with Disabilities Who Are Unable to Consume Regular Program Meals

The provisions requiring substitutions or modifications for persons with disabilities participating in federal child nutrition programs (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, Summer Food Service Program).respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendments Act of 2008 which provide that no otherwise qualified individuals shall be excluded from participation in, be denied benefit of, or subjected to discrimination, under any program or activity receiving federal financial assistance, solely on the basis of their disability. Therefore, substitutions to the meal pattern, or modifications to a food item, are required for those participants with disabilities who are unable to consume the regular meals of a federal child nutrition program

### Definition of "disability" (42 U.S. Code Sec. 12102)

Sec. 12102. Definition of disability

As used in this chapter:

(1) Disability

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;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment (as described in paragraph (3)).
- (2) Major life activities
  - (A) In general

For purposes of paragraph (1), 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.

(B) Major bodily functions

For purposes of paragraph (1), 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.

(3) Regarded as having such an impairment

For purposes of paragraph (1)(C):

- (A) 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 or not the impairment limits or is perceived to limit a major life activity.
- (B) Paragraph (1)(C) shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.
- (4) Rules of construction regarding the definition of disability

The definition of "disability" in paragraph (1) shall be construed in accordance with the following:

- (A) The definition of disability in this chapter shall be construed in favor of broad coverage of individuals under this chapter, to the maximum extent permitted by the terms of this chapter.
- (B) The term "substantially limits" shall be interpreted consistently with the findings and purposes of the ADA Amendments Act of 2008.
- (C) An impairment that substantially limits one major life activity need not limit other major life activities in order to be considered a disability.
- (D) An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.
- (E)(i) The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as -
  - (I) medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;
  - (II) use of assistive technology:
  - (III) reasonable accommodations or auxiliary aids or services; or
  - (IV) learned behavioral or adaptive neurological modifications.
  - (ii) The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity.
  - (iii) As used in this subparagraph -
    - (I) the term "ordinary eyeglasses or contact lenses" means lenses that are intended to fully correct visual acuity or eliminate refractive error; and
    - (II) the term "low-vision devices" means devices that magnify, enhance, or otherwise augment a visual image.

# Special Diet Statement (for a participant with a disability)

The determination of whether a participant has a disability, and whether the disability restricts the participant's diet, is to be made by a licensed physician. The Special Diet Statement must identify:

- 1. The participant's disability and an explanation of why the disability restricts the participant's diet.
- 2. Which of the major life activities listed in 7 CFR 15b.3(k) (see above) is affected by the disability.
- 3. The food or foods to be omitted from the participant's diet and the food OR choice of foods that must be substituted.

Note: if the disability requires caloric modifications or the substitution of a liquid nutritive formula, this information must also be included in the statement.

The Special Diet Statement does not need to be renewed on a yearly basis; however, it must reflect the current dietary needs of the participant.

If a participant with a disability only requires a modification in food texture (such as chopped, ground or pureed foods), a physician's written instructions indicating the appropriate food texture is recommended, but not required. However, the sponsoring authority (school/center/site) may apply stricter guidelines requesting that a Special Diet Statement be provided for modifications in texture. Unless otherwise specified by the physician, meals will consist only of food items and quantities that are normally provided in the regular menus.

## **Food Allergies and Intolerances**

Generally, a participant with a food allergy(ies) OR a food intolerance(s) is not considered to be a person with a disability. However, when in the physician's assessment, the allergy to the food could result in a life-threatening (anaphylactic) reaction, the participant is considered to have a disability and food substitutions prescribed by the physician must be provided.

### State Law on Lactose Intolerance (for School Nutrition Programs)

The responsibility of a school food authority to provide substitutions for any child with lactose intolerance is specified in state law (Minnesota Statutes section 124D.114). Under this law, a school district or nonpublic school that participates in the National School Lunch Program or School Breakfast Program and receives a written request from a parent/guardian shall make available:

- Lactose-reduced or lactose-free milk; or,
- Milk fortified with lactase in liquid, tablet, granular or other form; or,
- Milk to which lactobacillus acidophilus has been added.

The school is not required to make available any other substitute, such as juice, based on lactose intolerance.