

## Medical Statement for Meal Modifications in School Nutrition Programs

This form applies to requests for meal modifications for children participating in the U.S. Department of Agriculture's (USDA) [school nutrition programs](#). Schools and institutions are required to make reasonable meal modifications for children whose physical or mental impairment restricts their diet. For guidance on meal modifications and instructions for completing this form, refer to the Connecticut State Department of Education's (CSDE) document, [Guidance and Instructions: Medical Statement for Meal Modifications in School Nutrition Programs](#).

**Note:** The USDA requires that the medical statement includes: 1) information about the child's physical or mental impairment that is sufficient to allow the school food authority (SFA) to understand how the physical or mental impairment restricts the child's diet; 2) an explanation of what must be done to accommodate the child's disability; and 3) if appropriate, the food or foods to be omitted and recommended alternatives. **Schools and institutions should not deny or delay a requested meal modification because the medical statement does not provide sufficient information.** When necessary, schools and institutions should work with the child's parent or guardian to obtain the required information.

### Section A – Completed by parent or guardian

1. Name of child: \_\_\_\_\_
2. Birth date: \_\_\_\_\_
3. Name of parent or guardian: \_\_\_\_\_
4. Phone number (with area code): \_\_\_\_\_
5. E-mail address: \_\_\_\_\_
6. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act (FERPA), I hereby authorize \_\_\_\_\_  
*name of child's recognized medical authority*  
to release such protected health information of my child as is necessary for the specific purpose of special diet information to \_\_\_\_\_  
*name of school district* and I consent to allow the recognized medical authority to freely exchange the information listed on this form and in my child's records with the school district 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 I may rescind permission to release this information at any time, except when the information has already been released.
8. Signature of parent or guardian: \_\_\_\_\_
9. Date: \_\_\_\_\_


### Section B – Completed by child's recognized medical authority

This section must be completed by the child's physician, physician assistant, doctor of osteopathy, or advanced practice registered nurse (APRN). APRNs include nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

10. **Physical or mental impairment:** Does the child have a physical or mental impairment that restricts the child's diet?  
 No     Yes: Describe how the child's physical or mental impairment restricts the child's diet.
11. **Diet plan:** Explain the meal modification for the child. Attach a specific diet plan, if needed.

# Medical Statement for Meal Modifications in School Nutrition Programs

## Section B – Completed by child’s recognized medical authority, continued

12. **Food omissions and substitutions:** List foods to be omitted from the child’s diet and foods to be substituted.
13. **Food texture:** List foods that require a change in texture. Indicate “all” if all foods should be prepared in this manner.
- Cut up or chopped into bite-size pieces: \_\_\_\_\_
  - Finely ground: \_\_\_\_\_
  - Pureed: \_\_\_\_\_
14. **Equipment:** List any special equipment or utensils needed.
15. **Additional information:** Indicate any other information about the child’s eating or feeding patterns that will assist in providing the requested meal modification.
16. Name of recognized medical authority: \_\_\_\_\_
17. Phone number (with area code): \_\_\_\_\_
18. Signature of recognized medical authority: \_\_\_\_\_
19. Date: \_\_\_\_\_
20. Office stamp: 

This form is available at [https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/SpecDiet/Medical\\_Statement\\_SNP.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/SpecDiet/Medical_Statement_SNP.pdf).

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of age, ancestry, color, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (pregnancy or sexual harassment), sexual orientation, veteran status or workplace hazards to reproductive systems, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes.

Inquiries regarding the Connecticut State Department of Education’s nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Coordinator (ADA), Connecticut State Department of Education, 450 Columbus Boulevard, Suite 505, Hartford, CT 06103, 860-807-2071, [levy.gillespie@ct.gov](mailto:levy.gillespie@ct.gov).