

## MEAL SERVICES TO CHILDREN WITH DISABILITIES

Dear Parent/Guardian:

The National School Lunch Program (NSLP) and School Breakfast Program (SBP) aim to provide all participating children, regardless of background, with the nutritious meals they need to be healthy. This includes ensuring children with disabilities have an equal opportunity to participate in and benefit from the NSLP and SBP.

Federal regulations require schools and institutions to serve meals at no extra charge to those children whose disability restricts their diet in such a way that they cannot fully participate in the food service program without some modification to the foods offered or the scheduled menu. If you believe your child needs substitutions because of a disability, please get in touch with us for further information. You must request meal modifications from the school and provide the school with the attached medical statement completed by a State licensed healthcare professional.

All requests for meal modification will be reviewed by the building nurse as well as the Food Service Director. You will be notified by the building nurse.

What if I disagree with the School's decision about the modification request? You should talk to school officials. You also may ask for a hearing by calling or writing to: CMCS School Board President Chris Richter, CMCS 99 North Street, Caledonia, NY 14423, 585-538-3400 or crichter@cal-mum.org.

If you have questions regarding the need for meal modifications, contact the Middle/High School Nurse Meg Callan at 585-538-3454 or the Elementary School Nurse Jennifer Nusbickel at 585-538-3409 for further information.

### 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.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

## 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. School nutrition programs include the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). Schools and institutions are required to make reasonable meal modifications for children whose physical or mental impairment restricts their diet.

**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: \_\_\_\_\_ 5. E-mail address: \_\_\_\_\_

6. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. In accordance with 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 Caledonia-Mumford Central School 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 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.

## Medical Statement for Meal Modifications in School Nutrition Programs

11. **Diet plan:** Explain the meal modification for the child. Attach a specific diet plan, if needed.

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.

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

16. Name of recognized authority: \_\_\_\_\_

17. Phone number: \_\_\_\_\_

18. Signature of recognized medical authority:

\_\_\_\_\_

19. Date: \_\_\_\_\_

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