

Special Diet Statement For a Participant *Without* a Disability

This Special Diet Statement is **only** for a participant without a disability who is medically certified as having a special dietary need.

This form should be updated whenever the participant's diagnosis or special diet changes.

Sponsors who operate Child Nutrition Programs are not required to accommodate a request for a dietary modification for a participant without a disability but are encouraged if the request is considered reasonable.

If the requested accommodation is for a participant with a disability or is life threatening complete and submit the Diet Statement for a Participant With a Disability.

Part 1: Participant Information Parent or guardian must complete. Please print.

Participant's Name: Last/First/Middle Initial		Today's Date
Name of School/Center/Site Attended		Date of Birth
Parent/Guardian Name	Home Phone Number	Work Phone Number
Parent/Guardian Address	City	State Zip Code

Meals or snacks to be eaten at school/center/site: (check all that apply)

School:	Center/Child Care/Adult Care Center:	Site—Summer Food Service Program:
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch
<input type="checkbox"/> Afterschool Care Program	<input type="checkbox"/> Supper	<input type="checkbox"/> Supper
	<input type="checkbox"/> Snack (am/pm/eve)	<input type="checkbox"/> Snack
	<input type="checkbox"/> Afterschool Meal	

Parent/Guardian Signature: _____ Date: _____
OR Participant's Signature (Adult Day Care)

Part 2: Participant Status Recognized medical authority must complete. Please print.

Participant does *not* have a disability but is requesting a special meal or dietary accommodation.

1. Describe and/or select the medical or special dietary condition which restricts the participant's diet:

Part 3: Dietary Accommodation

Recognized medical authority 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 Omitted	Foods to be Substituted

Texture Modification: Pureed Ground Bite-Sized Pieces Other: _____

Other Dietary Modification OR Additional Instructions (describe). Attach specific diet order instructions:

Signature

A recognized medical authority (licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor) must sign and retain a copy of this document.

Recognized Medical Authority Name/Credentials (print): _____ Date: _____

Signature: _____ Clinic/Hospital Name: _____

Phone Number: _____ Fax Number: _____

Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the following Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____ (physician/medical authority name) to release such protected health information as is necessary for the specific purpose of Special Diet information to _____ (program name) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the 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 me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. Optional: My permission to release this information will expire on _____ (date). 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 authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian/: _____ Date: _____

OR Participant's Signature (Adult Day Care)

This institution is an equal opportunity provider.

Special Diet Statement Guidance (For a Recognized Medical Authority)

Definition of “Disability”

The provisions requiring substitutions or modifications for persons with disabilities 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 program meals.

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.

Participant *Without* a Disability

Substitutions may be made for a participant who is unable to consume a food item because of a medical or other special dietary need but who does not meet the definition of a “disability” in 42 U.S. Code 12102. Sponsors are encouraged, **but not required**, to provide food substitutions or modifications for a participant without a disability. However, substitutions may be made on a case-by-case basis when supported by a statement signed by a licensed physician or recognized medical authority. In Minnesota, a recognized medical authority includes a: licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist and chiropractor.

In most cases, the special dietary needs of a person who does not have a disability may be managed within the normal program meal service when a variety of nutritious foods are made available and the “offer versus serve” provision (if applicable) is utilized to maximize a participant's choices. Whenever a food substitution(s) can be provided within the framework of the regular meal pattern, a Special Diet Statement is not needed.

Special Diet Statement (for a participant *without* a disability)

The Special Diet Statement for a participant *without* a disability must include:

1. An identification of the medical or other special dietary need which restricts the participant's diet.
2. The food or foods to be omitted from the participant's diet, and the food or choice of foods that may be substituted.

The statement does not have to be renewed each year as long as there are no changes.

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 allowed** to substitute juice (fruit or vegetable) or any soy- or rice-based beverage that is not nutritionally equivalent to cow's milk for a participant who is lactose intolerant.