



**Westbury Union Free School District Meal  
Modification Plan Accommodating Individuals  
with Disabilities in our Child Nutrition Program**

Schools must make substitutions for students who are considered to have a disability under 7 CFR 15b.3 and whose disability restricts their diet. 7CFR 210.10(m).

The Civil Rights Authorities that pertain to this plan are as follows:

- Title VI of the Civil Rights Act of 1964
- Civil Rights Restoration Act of 1987
- Section 504 of the Rehabilitation Act of 1973
- ADA of 1990
- ADA of 2008
- Title IX of the Education Amendments of 1972
- Age Discrimination Act of 1975
- 7 CFR Parts 15, 15a, 15b and 15c
- FNS 113-1 • Executive Order 12250
- Executive Order 13166
- 28 CFR 41
- USDA Departmental Regulation 4330-2
- 2017 Edition of Accommodating Children with Disabilities in the School Meal Programs

ADA Amendments Act of 2008: Implementation

- **The term “substantially limits” requires a lower degree of functional limitation than the standard previously applied by the courts.** An impairment does not need to prevent or severely or significantly restrict a major life activity to be considered “substantially limiting.” Nonetheless, not every impairment will constitute a disability.

- **The term “substantially limits” is to be construed broadly** in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA.

- The determination of whether an impairment substantially limits a major life activity **requires an individualized assessment**, as was true prior to the ADAAA.

- With one exception (“ordinary eyeglasses or contact lenses”), 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 medication or hearing aids.

- **An impairment that is episodic or in remission is a disability** if it would substantially limit a major life activity when active.

- In keeping with Congress’s direction that the primary focus of the ADA is on whether discrimination occurred, **the determination of disability should not require extensive analysis.**

The expanded definition of DISABILITY:

**Major Life Activities:**

Seeing, hearing, walking, speaking, learning, eating, breathing

**Major Bodily Functions:**

Digestive immune system, respiratory, circulatory, neurological/brain

**Major Life Activities**

- Caring for oneself
- Performing manual tasks
- Seeing, Hearing, Speaking
- Eating, Sleeping, Walking
- Standing
- Lifting, Bending
- Breathing
- Reading, Learning, Thinking
- Communicating
- Working

**Major Bodily Functions:**

- Functions of the immune system
- Normal Cell Growth
- Digestive, Bowel, Bladder
- Neurological, Brain
- Respiratory
- Circulatory
- Endocrine
- Reproductive

**Reasonable Modification:**

Definition: A change or alteration in policies, practices and procedures to accommodate a disability which will be determined on a case-by-case basis.

- Program accessibility
- Ensure all food service areas are accessible
- Provide auxiliary aids and services, such as: adaptive feeding equipment, or food service aides

**Integrated Environment**

- Section 504 contains an integration clause
- Applies to food allergies
- Balance safety versus stigma

NOTE: Health concerns or preferences that a child eat a specific diet because the parent/guardian believes it is healthier for the child are not disabilities and do not require a modification.

**Modification provided:**

- Should be related to the disability or limitations caused by the disability
- Does not have to be the modification requested
- Must (generally) be free of charge
- Should be implemented even when the person requesting the modification believes more should be done

**Food Allergies:** Many food allergies fall under the definition of disability

In order to be considered for a meal modification plan, a medical statement is required, which can be completed by any State-licensed healthcare professional. The form is included in Appendix A of this plan.

**Medical statement requirements**

- Provides information about impairment-DIAGNOSIS NOT REQUIRED
- States how diet is restricted
- States how to accommodate condition

If the medical statement relates to a food allergy, the following are the three essential components:

- The food to be avoided (allergen)
- Brief explanation of how exposure affects the student
- Recommended substitute(s)

**Food Service Helpers' Role**

- Tracking Dietary Intake
- Food Safety/Sanitation
- Tracking special circumstances:
- Portion Sizes
- Brand Name Requests
- Offer vs. Serve
- Procurement of Special Meal

This meal modification plan will be available to all parents/guardians on our district website ([www.westburyschools.org](http://www.westburyschools.org)). It will also be provided to any parent upon request made to a teacher or building principal.

Any grievances regarding a meal modification plan can be directed to our Pupil Personnel Office at 516-874-1878 or by emailing our Director of Pupil Personnel Services and 504 Coordinator, Mr. Jorge Santiago at [jsantiago@westburyschools.org](mailto:jsantiago@westburyschools.org). A response will be provided, and every attempt will be made to receive a prompt and equitable resolution. If resolution cannot be reached, a parent/guardian may request and participate in an impartial hearing to resolve the grievance, with the opportunity to be represented by counsel and examine the complete record. Upon resolution, the parent/guardian will receive notice of the final decision and procedure for review.



## APPENDIX A

# Westbury UFSD Meal Modification Request Form

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School

\_\_\_\_\_

Grade/Classroom

\_\_\_\_\_

Student/Participant Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Parent/Guardian Name [Print]

\_\_\_\_\_

Phone

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

### Meal Modification Medical Statement

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment that substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

- 1) What food (s) should be avoided?
  
  
  
  
  
  
  
  
  
  
- 2) Recommended substitutions:
  
  
  
  
  
  
  
  
  
  
- 3) Brief explanation of how exposure to the food (s) affects the child:
  
  
  
  
  
  
  
  
  
  
- 4) Are there any other modifications to the meal needed?

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Name of Medical Authority [Print]

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Signature of State-Recognized Medical Authority\*

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Date

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Clinic Name

\*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in New York: Medical Doctor(MD), Doctor of Osteopathy (DO) Physician's Assistant (PA) with prescriptive authority, Advances Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), Optometrist (ED), and Dentist (DDS or DMD).

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, audiotape, 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

This institution is an equal opportunity provider.