

Dear Parent/Guardian,

According to the National School Lunch Program Act, the Food & Nutrition Department is required to adhere to specific regulations to accommodate special diets for students enrolled in Eastern Carver County Schools.

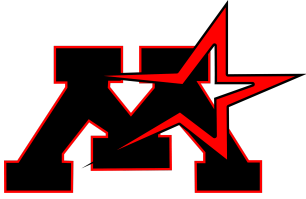
School Food Authorities (SFAs) must make reasonable substitutions to meals on a case-by-case basis for children who are considered to have a disability that restricts their diet [7 CFR 210.10(m)]. According to the ADA Amendments Act, most physical and mental impairments will constitute a disability. SFAs are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference.

If you are requesting any special dietary accommodations for your student, please take the enclosed forms to your licensed physician, physician assistant, or advanced practice registered nurse (e.g. certified nurse practitioner) to have them completed. These forms should be completed if your student has a newly diagnosed dietary need or if your student's dietary needs have changed from what is currently listed on their Special Diet Statement. If your student already has a Special Diet Statement on file, you do not need to file a new statement. Once we have received your student's Special Diet Statement, we will contact you to set up a meeting (or phone call) to discuss your student's needs. If you have any questions, please contact me at 763-272-3047.

Respectfully,

Laura Wacker-Hansen, RDN, LD
Director of Nutrition Services

Monticello Public Schools | 5225 School Blvd, Monticello, MN 55362
Direct: 763-272-3047 | Fax: 763-272-2009



Dear Licensed Medical Provider,

In recent years, we have seen an increasing emphasis on the importance of ensuring that children with disabilities have the same opportunities as other children to receive an education and education related benefits, such as school meals. Subsequently, Congress has passed several comprehensive Acts or laws, which broaden and extend civil rights protections for Americans with disabilities. One effect of these laws has been an increase in the number of children with disabilities who are being educated in regular school programs. In some cases, the disability may prevent the child from eating meals prepared for the general school population.

USDA regulations, 7 CFR, Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided food substitutions when a statement signed by a licensed medical physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner supports that need. The medical provider's statement must identify:

- ✓ The child's disability
- ✓ The major life activities affected by the disability
- ✓ An explanation of why the disability restricts the child's diet
- ✓ The food(s) to be omitted from the child's diet, and the food or choice of foods that must be substituted

School Food Authorities (SFAs) must make reasonable substitutions to meals on a case-by-case basis for children who are considered to have a disability that restricts their diet [7 CFR 210.10(m)]. According to the ADA Amendments Act, most physical and mental impairments will constitute a disability. SFAs are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference.

Upon the parent's request, enclosed is a blank special diet statement for you to complete for the following student currently enrolled in one of our schools. The statement must be completed in its entirety. Please contact me at 763-272-3047 if you have any questions.

Respectfully,

Laura Wacker-Hansen, RDN, LD
Director of Nutrition Services

Monticello Public Schools | 5225 School Blvd, Monticello, MN 55362
Direct: 763-272-3047 | Fax: 763-272-2009

Special Diet Statement

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make accommodations to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet: School Nutrition Program - 7 CFR 210.10(m), Child and Adult Care Food Program - 7 CFR 226.20 (g), Summer Food Service Program - 7 CFR 225.16(f)(4). According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. Updates to this form are required only when a participant's needs change.

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-reduced milk without a physician's signature.

Participant Information

Participant's Name: _____ Today's Date: _____
Last/First/Middle Initial

Name of School/Center/Site Attended: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Phone Number: _____ Work Phone Number: _____

Required Information: Dietary Accommodation

1. State the allergen or food to be avoided: _____
2. Brief explanation of how exposure to this food affects the participant:
3. List specific foods to be omitted and substituted, if appropriate. Attach additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

Additional Information

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

Tube Feeding Formula Name: _____

Administering Instructions: _____

Oral Feeding: No Yes If yes, specify foods: _____

Other Dietary Modifications or Additional Instructions (describe): _____

Signature

Licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and return a copy of this document.

Prescribing Authority Credentials (print): _____ Date: _____

Signature: _____

Clinic/Hospital: _____

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 (HIPAA) 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):

Non-Discrimination

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

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: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.