

**Wisconsin Department of Public Instruction**  
**MEAL MODIFICATIONS IN THE USDA CHILD NUTRITION PROGRAMS**  
PI-6314 (Rev 06-24)

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b requires school meal modifications be made for children with dietary disabilities when requests are supported by a written statement from a state authorized medical authority or registered dietitian.

**A. Rehabilitation Act of 1973 and the Americans with Disabilities Act**

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

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. 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.

These Acts can be found in their entirety at <https://www.eeoc.gov/statutes/rehabilitation-act-1973> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>.

**B. Individualized Education Program**

The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. The IDEA can be found in its entirety at <https://sites.ed.gov/idea/statuteregulations>.

When a child’s IEP or 504 plan contains the same information that is required on a medical statement, then it is not necessary to get a separate medical statement from a state authorized medical authority or registered dietitian.

**C. Authorized Medical Statement**

An authorized medical statement must:

- Include an explanation of how the child’s physical or mental impairment restricts the child’s diet
- Identify the food(s) to be avoided
- Identify the food(s) to be substituted
- Be signed by a state authorized medical authority or a registered dietitian.

Per USDA memo SP 32-2015, a state authorized medical authority is a state licensed health care provider who is authorized to write medical prescriptions under state law. In Wisconsin this is a physician, dentist, optometrist, podiatrist, physician assistant, or nurse practitioner. In addition, the Final Rule-Child Nutrition Programs: Meal Patterns Consistent With the 2020-2025 DGAs, section 14 permits registered dietitians to request meal modifications on behalf of a child with a dietary disability.

If the request for a meal modification is not for a disability or has not been signed by one of these practitioners, the school is not required to provide a meal accommodation.



	<b>I. GENERAL INFORMATION</b>			
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Student's Name	Age	Name of School	Student's PIN / ID Number	Grade
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	<b>II. ACCOMODATIONS</b>			
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1. How does the child's physical or mental impairment restrict his or her diet?

2. What foods or types of food should be omitted? Please be specific.

3. List foods to be substituted (avoid specific brand names unless medically necessary).

4. Additional comments:

	<b>III. SIGNATURES</b>			
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Parent or Legal Guardian's Name	Relationship	Phone Number
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Signature of Parent or Legal Guardian ➤	Date Signed
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Authorized Medical Authority's Name	Title	Dentist	Physician	Phone Number
		Optometrist	Physician Assistant	
		Podiatrist	Registered Dietitian	
		Nurse Practitioner		

Signature of Authorized Medical Authority ➤	Date Signed
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## **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, 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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**Please select from the following options to help the School Nutrition Team best accommodate your student with their food allergies/intolerances.**

**Do you need special meal accommodations or food modifications for your student?**

Choice #1: No, my student will always bring lunch from home.\*

Choice #2: No, we will self-monitor. Parent(s) and/or student will monitor the general menu and choose which days student can eat school lunch. Some days, student will bring lunch from home, and some days, student will eat hot lunch. Parent/student may inquire about menu & ingredients. No special accommodations or modifications will be made. No Special Dietary Accommodations Form is needed\*

Choice #3: Yes, parent-guided. Parent will review general school menu, and request substitutions or modifications on their own. Parent must specify which days the student is eating by circling menu days and emailing to the School Nutrition Office. Special Dietary Accommodation Form is required.\*

Choice #4: Yes, School Nutrition Office-guided. Specialized menu. School Nutrition Office will provide a standard 5-10 day cycle menu based on student's specific dietary requirements. Parent must specify which days the student is eating by circling menu days and emailing to the School Nutrition Office. Special Dietary Accommodation Form is required.\*

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*If your student comes through the lunch line on a day they are not expected, we will provide a standard substitute meal that accommodates their dietary needs.*

School Nutrition Office- Email: [DCE-MealAppl@dce.k12.wi.us](mailto:DCE-MealAppl@dce.k12.wi.us)

Phone: 715-241-9700 ext 2406 or 2408