

Letter to Parent/Guardian Explaining Requirements for Site Meal Modification Requests

07/23/2025

Dear Parent/Guardian:

Your child's school/site: www.hanoverhornets.org

1. Will make meal modifications prescribed by a licensed physician, advanced practice nurse with prescriptive authority or physician assistant to accommodate a disability.
2. Hanover will not make substitutions for dietary preferences, religious preferences, or cultural preferences

Note: Meal modifications will only be accommodated for one of the reasons listed above. No other meal modifications will be accommodated.

The *Medical Statement for Meal Modification and Dietary Preference Form for Meal Modification* forms are attached to this letter. On the front of each form, there are further instructions and information about the meal modifications that can be requested under federal regulations. Please read this information carefully before completing the appropriate form.

To ensure safe meal modifications can be made for your child, return the completed medical statement by 08/01/2025 to Melissa Koehler at Hanover High School.

IMPORTANT: The only fluid cow's milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk (1% or skim) or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in USDA regulation 7 CFR 210.10(d)(3), unless another substitution is noted on the Medical Statement for Meal Modification.

If you have questions or need assistance, please contact Melissa Koehler at 719-683-2247x117 or mkoehler@hanoverhornets.org.

Sincerely,

Melissa Koehler
Nutrition Service Director

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Accommodating Students with Special Dietary Needs

Hanover District -28

Policy & Procedure

Overview

The Americans with Disabilities Act (ADA) Amendments Act made important changes to the meaning and interpretation of the term "disability". In September 2016 these updates were issued to USDA school meal programs. The ADA Amendments Act simplified the question of whether a child has a disability by requiring a broad interpretation of what constitutes a disability. Under the ADA, anything that substantially limits a major life activity (most physical and mental impairments) constitutes a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. Schools shall focus on what can be done in order to ensure equal opportunity for all children to participate in school meal programs.

The process of providing modified meals for children with disabilities shall be as inclusive as possible. The school shall work collaboratively with parents and guardians to ensure children receive a safe meal and have an equal opportunity to participate in the school meal programs. The nutrition department shall use a team approach that includes parents and guardians and (as age-appropriate) the child, when providing modified meals.

Accommodating Children with a Disability

Hanover D-28 will provide food substitutions to a child with a disability when the need for a substitution is supported by a written medical statement or completed CDE medical statement form that is signed by a licensed physician, a physician assistant, or a nurse practitioner.

According to the ADA, most physical and mental impairments will constitute a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. General health concerns, such as a parent's preference that a child eat a gluten-free diet because the parent believes it is healthier for the child, are not disabilities and do not require a modification. All disability considerations must be viewed on a case-by-case basis.

In order to receive reimbursement for meals served to children with disabilities that do **not** meet Program meal pattern requirements, the written medical statement must clearly identify/include the following details:

- Disability
- Information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet
- Diet prescription or an explanation of what must be done to accommodate the child
- Food or foods to be omitted from his or her diet
- Food or choice of foods that must be substituted in his or her meals

Medical statements are not required to be updated on an annual basis. However, when Hanover D-28 does receive updated medical information, those updates must be reflected in the medical accommodations. If medical accommodations are no longer required, the school will maintain a record of the request to end the medical accommodation, such as a copy of an email from the parent stating the child no longer needs a meal accommodation.

Accommodating Children without a Disability

Hanover D-28 is not required but will attempt to provide food substitutions to a child with a special dietary preference that is not considered a disability. An individual who does not have a disability but is unable to consume a particular food because of a non-disability reason, such as religious or moral reasons, is considered to have a food preference. All meals served to students with a food preference **must** meet USDA meal pattern requirements in order to qualify for reimbursement. These accommodations will be considered on a case-by-case basis.

Recordkeeping

The "Medical Statement to Request Special Meals and/or Accommodations" form must be returned to the school nutrition program staff for meal accommodations that do not meet program meal pattern requirements. In addition, special meal accommodations made by cafeteria staff shall be documented on the daily menu production records as part of the record of meals served to students.

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877 - 8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD - 3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632 - 9992. 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: (202) 690 - 7442; or
- (3) email: program.intake@usda.gov.

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Dietary Preference Form for Meal Modification

Important! Carefully read and follow the procedures for requesting a special meal accommodation. The school/site will return incomplete Dietary Preference Forms to the parent/guardian. If you have questions about this form, the school/site contact named in Part A below will assist you.

Requests for children with a medical need not documented by a physician: A completed request form may be filled out by a parent or legal guardian if the medical need falls within the USDA's child nutrition program meal requirements. These requests must be accommodated.

- Example of a medical need that falls within the USDA's child nutrition program meal requirements: child is allergic to strawberries and a different fruit can be substituted OR a child is allergic to beef and a different meat/meat alternate (protein) can be substituted.
- Milk substitutes must be USDA-approved. Juice and water may not be substituted for fluid milk as part of the reimbursable meal without a medical statement signed by licensed healthcare professional.

Modification due to religious, ethical or cultural reasons that do not rise to the level of a disability:

- A school/site has the option to make meal modifications at the request of a parent/guardian due to religious, ethical or cultural reasons.
- Part A of this form must be completed by a parent/guardian or school/site contact person.
- Parts B and C of this form must also be completed by a parent/guardian before the school/site can make meal modifications.

The meal modifications will continue until a parent or legal guardian requests that the modifications be changed or stopped on the Discontinuation Form, which is available from the school/site. It is strongly recommended that the Dietary Preference Form is updated annually.

Part A. Student, Parent/Guardian & School/Site Contact Information – To be completed by a parent/guardian or school/site contact person.		
1. Student's Name:	2. Date of Birth:	School/site:
3. Parent/Guardian's Name:	4. Parent/Guardian's Phone:	
5. School/site Contact's Name:	6. School/site Contact's Phone:	
Part B. Prescribed Diet Order Request – This may be completed by a parent or legal guardian as specified above. All sections must be completed.		
1. Check: ☐ Medical need not documented by physician. ☐ Religious, ethical or cultural reasons that do not rise to the level of a disability.		
2. Specify the meal modification requested.		
3. Foods to be Omitted and Substituted: List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.		
Omit Foods Listed Below:		Substitute Foods Listed Below:
Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.		
I give permission for school/site personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school/site staff.		
Parent/Legal Guardian's Signature & Date:		

