



REQUEST FOR SPECIAL DIETARY ACCOMMODATIONS

Participant Name

Date of Birth

Parent / Guardian Name

Phone

Mailing Address

City/State/Zip

Center / Site

Date

Signature of Parent/Guardian/ Participant

Diet Order

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

1. **Describe how the impairment affects the participant** (i.e., how the ingestion/contact with the food impacts the participant):
2. **Explain what must be done to accommodate the participant's diet** (i.e., specific food(s) to be omitted/avoided from the diet):
3. **List food(s) and/or beverages to be substituted, provided, or modified:**

** State licensed healthcare professionals and registered dietitians may write medical statements to request meal modifications. This includes: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Naturopathic Physician, Advanced Registered Nurse Practitioner (ARNP) or Registered Dietitian (RD).*

Signature of State-Recognized Medical Authority*

Date

Clinic Name