



FOOD ALLERGY AND SPECIAL DIET PROGRAM (FASDP)

2026-2027



Dear Parents and Guardians,

Proactive measures serve as the best protection for our students with food allergies or special dietary needs. Maschio's Food Services, Inc. ("Maschio's") offers many foods to the students in your district or school; however, not all foods on your school's standard menu are allergen-free. While our digital menu platform allows filtering by allergen, our menus are subject to change and should not be used as a primary source of allergy management.

We always stress that the safest meal is one packed from home. We highly recommend that students with food allergies avoid purchasing snacks sold during school hours as these snacks are more likely to come into contact with allergens during manufacturing or preparation. Maschio's offers customized menus for students with food allergies or special dietary needs.

The following customized menus can be prepared to meet your child's dietary needs:

- **"Allergen Safe Menus"**: for students with food allergies
- **"Special Diet Menus"**: for students who require a special diet for a medical condition (diabetes, phenylketonuria "PKU," kidney disease, etc.)

Allergen safe menus are typically customized for students with Top 9 Allergies (Egg, Wheat, Soy, Milk, Sesame, Peanut, Tree Nut, Fish, and Shellfish). While our food service staff can monitor easily identifiable items, like a whole apple for students with overt allergies, our staff are not medical providers. We cannot guarantee our food service staff will be able to accurately identify allergens. In schools using a point-of-sale system, we are able to add a note so that it appears on the screen when the student goes through the serving line. If your student has an overt allergy and you would like a note added to the point-of-sale (POS) system, please email us at nutrition@maschiofood.com with the subject line **"OVERT ALLERGY"**. No medical documentation is required for POS notes regarding "overt allergies."

While Maschio's strives to purchase menu items on our standard menus free of peanuts, tree nuts, and sesame. We cannot guarantee that all menu items on our digital menu platform are manufactured in peanut, tree nut, and sesame free facilities or do not share equipment with other allergens. Some of our schools may offer peanut butter; please contact the nutrition department for more information.

If you would like an "Allergen Safe Menu," "Special Diet Menu," or Milk Substitution please complete our Medical Statement Request Form for Special Meals and Milk Substitutions. All documentation may also be completed online by visiting <https://bit.ly/specialmealrequestform>. If you prefer to submit the documentation digitally please email nutrition@maschiofood.com and use the subject line **"MEDICAL STATEMENT"**. Alternatively, the form may be faxed to (908) 888-2335. Please note that supplemental documentation may be required from your child's licensed medical provider. Updated medical forms must be submitted to the nutrition department annually as these menus do not rollover year to year. If a "Allergen Safe Menu," "Special Diet Menu," or Milk Substitution is not needed, no paperwork is required.

Upon receipt of documentation, Maschio's will provide a customized menu along with nutrition facts labels for your approval, and staff training will be scheduled. As implementation may take several weeks, please pack meals from home until you are notified the menu/s are available.

For any additional questions, please contact the nutrition office at (973) 598-0005 or email us at nutrition@maschiofood.com.

Thank you for continuing to work with Maschio's to keep your children healthy and safe.

Sincerely,
Lorraine Kunick, MPH, RDN, LDN, CHES
Director of Nutrition
Maschio's Food Services, Inc.
lkunick@maschiofood.com

For more information on accommodations in school meal programs, please visit the USDA's poly memorandum (<https://www.fns.usda.gov/cn/2016-modification-to-accommodate-disabilities-in-school-meals>).

3 STEPS to Receiving a SAFE MENU

1. Submission of a complete Maschio's medical statement or medical documentation/provider note.
2. Approved and signed menu received.
3. Additional specialized training for pertinent school and/or food service employees and product procurement.



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SPECIAL MEAL REQUEST FORM FOOD ALLERGY AND SPECIAL DIET PROGRAM (FASDP)



MASCHIO'S MEDICAL STATEMENT: REQUEST FOR SPECIAL MEALS AND MILK SUBSTITUTIONS
To be completed by parent/guardian and signed by licensed medical provider. Please print clearly and email completed form to nutrition@maschiofood.com OR fax to (908) 888-2335. Maschio's Food Services respects your privacy. Health information disclosed in this document will only be shared with individuals who support efforts to provide safe meal modifications.

1. School District Name

If your school is not in a district, please proceed to next question and enter school name.

2. School Name

3. Student's Full Name

(First Name and Last Name)

4. Date of Birth (D.O.B)

5. Grade

6. Teacher's Full Name

(First Name and Last Name)

7. Sex: ☐ Male ☐ Female

8. Do you have additional information you would like to share with us about your child or information that our staff should be aware of?

9. Parent/Guardian's Full Name

(First Name and Last Name)

10. Parent/Guardian's Phone Number

11. Parent/Guardian's Email

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12. Please choose one of the following menus you are requesting:

☐ Allergen-Safe Menu (for students with food allergies)

☐ Special Diet Menu (for students who require a special diet for a medical condition like diabetes, phenylketonuria "PKU," kidney disease, etc.)

13. Is this the first time you are requesting an allergen-safe or special diet menu from Maschio's Food Services?

☐ Yes ☐ No

14. Did your child have an allergen-safe or special diet menu in the previous school year?

☐ Yes Updated medical forms must be submitted to the nutrition department annually as these menus do not rollover year to year. Please complete the following sections in entirety. Please email additional medical documentation to nutrition@maschiofood.com or fax (908) 888-2335.

☐ No

REQUEST FOR ALLERGEN-SAFE MENU

Please check all that apply.

15. ☐ Life-threatening (Anaphylactic) Food Allergy

☐ Non-life-threatening food allergy

☐ Dairy

☐ Shellfish

☐ Non Celiac Gluten Sensitivity

☐ Egg

☐ Fish

☐ Alpha Gal Syndrome

☐ Tree Nuts

☐ Sesame

☐ Food Protein-Induced Enterocolitis Syndrome (FPIES)

☐ Peanuts

☐ Lactose Intolerance (avoidance of milk, cheese, yogurt but not a milk allergy)

☐ Eosinophilic Esophagitis (EoE)

☐ Soy

☐ Wheat

☐ Celiac Disease

Other: _____

16. If your child is lactose intolerant (milk substitution only), which of the following would you like? *Please note selection is based upon availability.

☐ Soy Milk

☐ Lactose-Free Milk

☐ Ripple Milk (pea protein-based milk)

☐ Oat Milk

☐ Rice Milk

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REQUEST FOR SPECIAL DIET MENU

Please check all that apply.

17. ☐ Type I or Type II Diabetes
☐ Student has diabetes and has a diet order for carbohydrate allowance.
Please provide grams of carbohydrates per meal:
- Breakfast: _____ (grams)
Lunch: _____ (grams)
After School Snack: _____ (grams)
- ☐ Phenylketonuria ("PKU")
☐ Kidney Disease
☐ Other: _____
☐ Texture Modification

TEXTURE MODIFICATIONS: IDDSI FRAMEWORK

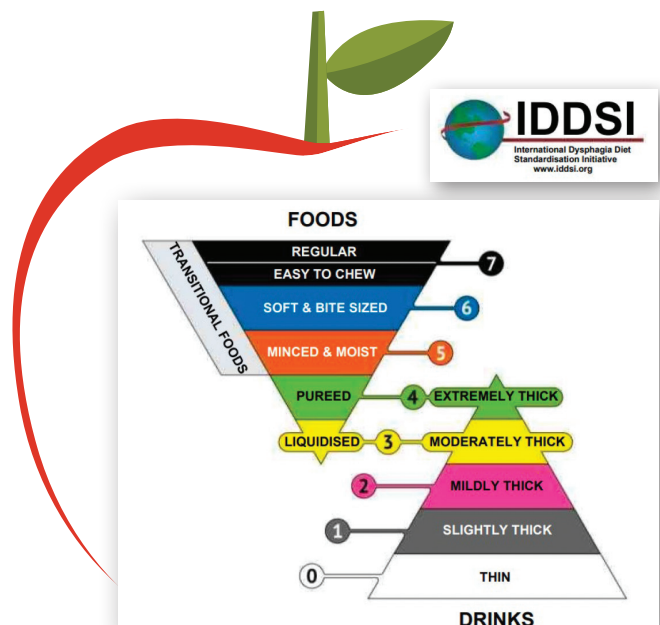
Please check all that apply. Please reference the IDDSI framework on the right side to answer the following questions.

18. What IDDSI standard is being followed for food?

- ☐ 7: Easy to Chew
☐ 6: Soft and Bite-Sized
☐ 5: Minced and Moist
☐ 4: Pureed

19. What IDDSI standard is being followed for liquid?

- ☐ 4: Extremely Thick
☐ 3: Moderately Thick
☐ 2: Mildly Thick
☐ 1: Slightly Thick





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20. Please provide a description of major life activities affected:

21. Name of Child's Licensed Medical Provider: _____

22. Name of Licensed Medical Provider's Practice and Address:

23. Licensed Medical Provider's Phone Number: _____

À LA CARTE

We highly recommend that students with food allergies avoid purchasing snacks sold during school hours as these snacks are more likely to come into contact with allergens during manufacturing or preparation.

24. ☐ We are allowing our child to obtain snacks sold during school hours.

☐ We are NOT allowing our child to obtain snacks sold during school hours.

Name of Parent/Guardian

Name of Licensed Medical Provider

Signature

Signature of Licensed Medical Provider

Date

Date