

MODIFIED MEAL REQUEST FORM

For Use in the USDA School Nutrition Programs, Child, and Adult Care Food Program, & Summer Food Service Program

*This form may be used to request meal modification for a child with a physical or mental impairment that restricts their diet. **Portions of this form must be completed by a State Licensed Healthcare Professional who is authorized to write medical prescriptions under Illinois law.***

SECTION 1: CHILD INFORMATION

Child's Name: _____ Date of Birth: _____
School Name: _____ Grade: _____

SECTION 2: MEAL MODIFICATION INFORMATION

TO BE COMPLETED BY A STATE LICENSED HEALTHCARE PROFESSIONAL

CHECK ONE:

- ☐ Participant has a disability or a medical condition that requires special meals or accommodations. (e.g., juvenile diabetes, allergy to peanuts, etc.) **A licensed physician must sign this form.**
- ☐ Participant does not have a disability but is requests special meals or accommodations due to food intolerance(s) or other medical reasons. **A licensed physician must sign this form.**
- ☐ Participant does not have a disability or food intolerance, but requests special meals and/or accommodation due to household preference, i.e. religion, vegetarian, vegan, etc. **A Parent/Guardian must provide his/her signature, printed name and date below. *District will determine if the meal accommodation request will be granted contingent on a case-by-case basis**

DISABILITY OR MEDICAL CONDITION REQUIRING SPECIAL MEALS OR ACCOMMODATIONS:

IF PARTICIPANT HAS DISABILITY, PROVIDE A BRIEF DESCRIPTION OF PARTICIPANT'S MAJOR LIFE ACTIVITY AFFECTED BY THE DISABILITY:

DIET PRESCRIPTION AND/OR ACCOMMODATION: (PLEASE DESCRIBE IN DETAIL TO ENSURE PROPER IMPLEMENTATION)

Section 3: FOODS TO BE OMITTED AND SUBSTITUTIONS:

(PLEASE LIST SPECIFIC FOODS TO BE OMITTED AND SUGGESTED SUBSTITUTIONS. YOU MAY ATTACH A SHEET WITH ADDITIONAL INFORMATION)

A. Foods To Be Omitted

B. Suggested Substitutions

_____	_____
_____	_____
_____	_____
_____	_____

SECTION 4: SIGNATURES

Parent/Guardian Name **Printed:** _____ Relationship: _____
Phone: _____ Email: _____
Parent Guardian Signature: _____ Date: _____
Medical Authority **Name First and Last Printed:** _____
Medical Authority Signature: _____ Date: _____

MODIFIED MEAL REQUEST FORM – CONTINUED

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SECTION 5: SEND COMPLETED FORMS TO

Name: Shira Patterson

Email: spatterson@ecusd7.org

Mailing Address: 708 St. Louis Street

Title: Coordinator of Food Service

Edwardsville, IL 62025

Facility: District 7 Central Office

SECTION 6: SPONSOR/SCHOOL FOOD AUTHORITY USE ONLY

Date Received: _____ Received By: _____

Date(s) of Follow-Up Communication*: _____

* Attach documentation of pertinent information received from any follow-up communication to this form.

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/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:

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