Pennsylvania
Department of Education

School Meal Modifications for Children with Disabilities

Schools participating in a federal school meal program (National School Lunch Program, School Breakfast Program, Fresh Fruit and Vegetable Program, Special Milk Program, and Afterschool Snack Program) are required to make reasonable accommodations for children who are unable to eat the school meal because of a disability that restricts the diet. School food authorities must ensure that parents, guardians, and children have notice of the procedure for requesting meal modifications for disabilities and the process for procedural safeguards related to meal modifications for disabilities.

1. State Licensed Healthcare Professional's Statement for Children with Disabilities
U.S. Department of Agriculture (USDA) regulations at 7 CFR 210.10(m) and 7 CFR 220.8(m) require substitutions or modifications in school meals for children whose disability restrict their diet. School food authorities must provide modifications for children on a case-by-case basis when requests are supported by a written statement signed by a State licensed healthcare professional or registered dietitian. (*Note*: The Whole Milk for Healthy Kids Act of 2025 permits a parent/guardian to sign the written statement to request a fluid milk substitute at lunch for a student whose disability restricts their diet. See USDA memo SP 01-2026 for more information.) The modification requested must be related to the disability or limitations caused by the disability and must be offered at no additional cost to the child or household.

The third page of this document ("Medical Plan of Care for School Food Service") may be used to obtain the required information from the State licensed healthcare professional or registered dietitian. In Pennsylvania, the following may sign the medical statement:

- Physician
- Physician assistant
- Certified registered nurse practitioner
- Dentist
- Registered dietitian

The written medical statement must include:

- An explanation of how the child's physical or mental impairment restricts the child's diet;
- An explanation of what must be done to accommodate the child; *and*
- The food or foods to be omitted and recommended alternatives, if appropriate.

Modified meals that do not meet USDA meal pattern requirements are reimbursable only when supported by a valid medical statement for a student with a disability that affects their diet. Meal substitutions that adhere to Program regulations are reimbursable with or without a medical statement.

2. Meal Variations for Non-disability Reasons
School food authorities are encouraged to plan and prepare meals and afterschool snacks that consider children's dietary preferences. Special meal requests related to general health concerns, personal or cultural preferences, and moral or religious convictions are not based on a disability and are *optional* for school food authorities to accommodate. Meal modifications for non-disability reasons must adhere to Program regulations.

3. Rehabilitation Act of 1973 and the Americans with Disabilities Act
Under Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act (ADA) of 1990,* the *ADA Amendments Act of 2008,* and USDA regulations at 7 CFR 15b and 210.2, a child with a disability means any child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or has been regarded as having such an impairment.

A physical or mental impairment does not need to be life threatening to constitute a disability. If the impairment limits a major life activity, it is considered a disability. *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; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

4. Individuals with Disabilities Education Act
A child with a disability under Part B of the *Individuals with Disabilities Education Act* (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. 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. When nutrition services are required under a child's IEP, school officials need to ensure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan includes the same information that is required on a medical statement (see section 1, above), then it is not necessary to obtain a separate medical statement.

School Nutrition Program Contact
For more information about requesting accommodations to school meals and the meal service for students with disabilities, please contact:

Child Nutrition Services Office: 484-765-4710 or cns@allentownsd.org

USDA 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.

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Communiques con la escuela de su niño.

Medical Plan of Care for School Food Service

Please read pages 1 and 2 before completing this form.

Student's Name	Date of Birth	Grade Level/Classroom
Name of School/Site		
Name of Parent/Guardian	Phone Number of Parent/Guardian	
Signature of Parent/Guardian	Date	

1. Provide an explanation below of how the student's physical or mental impairment restricts the student's diet:

2. Describe the specific diet or necessary modifications prescribed by the State licensed healthcare professional or registered dietitian to accommodate the student's needs:

3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.
Foods to be omitted:

Suggested substitutions:

4. Indicate texture modifications, if applicable:

☐ Chopped/Cut into bite-sized pieces ☐ Diced/Finely Ground ☐ Pureed ☐ Other:

5. List any required special adaptive equipment:

State Licensed Healthcare Professional or Registered Dietitian Name & Credentials (Please Print)	Provider Phone Number
Signature of State Licensed Healthcare Professional or Registered Dietitian	Date

Completing the following section is optional but may prevent delays by allowing the school to speak with the healthcare professional.

Health Insurance Portability and Accountability Act Waiver

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ *(healthcare professional)* to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ *(school/program)* and I consent to allow the healthcare professional to freely exchange the information listed on this form and in their records concerning my child with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a Special Diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ *(date)*. This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Parent/Guardian Signature: _____ Date: _____