



Accommodations for Special Dietary Needs

Duneland School Corporation adheres to specific United States Department of Agriculture (USDA) guidelines in providing special dietary accommodations for students. A "reasonable modification" is a change or alteration in practices or procedures to accommodate a disability that ensures that all students have equal opportunity to participate in or benefit from the program. In accordance with the criteria set forth in 7 CFR Part 15b, those students who are unable to eat the school meal as is due to a disability, medical need, and/or impairment are accommodated at no additional charge. Meal modifications must be related to the disability or limitations caused by the disability. The USDA regulations for school nutrition programs does not require meal modifications for children whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, and personal food preferences.

Per Section 504 of the Rehabilitation Act of 1973, parents/guardians have a right to an evaluation of their student if the district has reason to believe that the student has a mental and/or physical impairment that substantially limits a major life activity, which can involve eating/digestion. Students have the right to this evaluation before any plan for accommodation. Parents/guardians should ensure that they contact the school if they feel as though an evaluation would be appropriate.

Parents/guardians should complete the necessary information on the medical statement form to request an accommodation for their student. The school may contact the student and parents/guardians for additional information as needed. For example, if the substitutions needed for accommodations fall outside of the USDA meal pattern, the form must be signed by an authorized medical authority with prescriptive privileges in the state of Indiana.

Procedural Safeguards

If the household feels that reasonable accommodations are not being met, they have the right to contact the school's 504 Coordinator and:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable resolution of the grievance;
- Request and participate in an impartial hearing to resolve their grievances;
- Be represented by counsel at the hearing;
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

Accommodations Coordinator

The safety of your child comes first. If you have a child with a disability, medical need, or impairment, please submit your request for accommodation by completing this form and submitting it to: **the School Nurse at your child's school.**

For more information about accommodations for meals and the meal service for students with disabilities, please contact: **Tonia Batesole, Director of Child Nutrition** at tbatesole@duneland.k12.in.us.

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.

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.

This institution is an equal opportunity provider.

DUNELAND

HEALTH SERVICES

Duneland School Corporation participates in a federally funded Child Nutrition Program. All meals and/or milk served must meet the requirements of this program. A reasonable meal accommodation will be provided when the request is related to a documented disability or impairment.

If you are requesting a meal accommodation or substitution, please have this form completed and signed by both a healthcare provider with prescriptive authority in the state of Indiana or a Registered Dietitian and a parent or guardian. Return the completed form to the school nurse at your child's school.

If you have any questions or concerns, please contact **Tonia Batesole, Director of Child Nutrition**, at (219) 983-3700 or via email at tbatesole@duneland.k12.in.us.

USDA is an equal opportunity provider, employer, and lender.

Student's Name: _____

Date of Birth: _____

School Name: _____

Grade: _____

Parent's Name: _____

Phone Number: _____

Food(s) to Omit	Food(s) to Substitute

To be signed by a healthcare provider or a Registered Dietitian:

Healthcare Provider's/Registered Dietitian's Name

Healthcare Provider's/Registered Dietitian's Signature

Date: _____

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Date: _____

Signing the following section is optional but may prevent delays by allowing school personnel to speak with the healthcare provider and/or Registered Dietitian:

Health Insurance Portability and Accountability Act Waiver (HIPPA)

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and Family Educational Rights and Privacy Act (FERPA), I hereby authorize (medical authority) 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 medical authority 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. 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 child listed on this document and has the legal authority to sign on behalf of that child.

Parent/Guardian Signature: _____ Date: _____