

Special Diet Statement For a Participant *Without* a Disability

This Special Diet Statement is **ONLY** for a participant *without* a disability who is medically certified as having a special dietary need. Requests for a special diet must be:

- Supported by a Special Diet Statement that is thoroughly completed and signed by a recognized medical authority (licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor).
- Submitted to the school/center/site before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.

Part 1: Participant Information
Parent or guardian must complete. Please print.

Participant's Name: Last/First/Middle Initial	Today's Date	
Name of School/Center/Site Attended	Date of Birth	
Parent/Guardian Name	Home Phone Number	Work Phone Number
Parent/Guardian Address	City	State Zip Code

Meals or snacks to be eaten at school/center/site: (check all that apply)

School:	Center/Child Care/Adult Care Center:	Site—Summer Food Service Program:
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch
<input type="checkbox"/> Afterschool Care Program	<input type="checkbox"/> Supper	<input type="checkbox"/> Supper
	<input type="checkbox"/> Snack (am/pm/eve)	<input type="checkbox"/> Snack
	<input type="checkbox"/> Afterschool Meal	

Parent/Guardian Signature: _____ Date: _____
OR Participant's Signature (Adult Day Care)

Note to Parent(s)/Guardian(s)/Participant: You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the Voluntary Authorization section at the end of this form.

Part 2: Participant Status
Recognized medical authority must complete. Please print.

Participant does *not* have a disability but is requesting a special meal or dietary accommodation.

Describe and/or select the medical or special dietary condition which restricts the participant's diet:

Lactose Intolerance: No milk to drink [Schools: participant must be offered lactose-reduced or lactose free milk as required by state law (Minnesota Statutes section 124D.114) when supported by a written request from the parent/guardian.]

Food Intolerance: Food(s) allergic to: _____

The participant's allergy to the food(s) stated above does not result in a life threatening (anaphylactic) reaction. **Please Note:** a food allergy is considered to be a disability when it results in a life-threatening (anaphylactic) reaction.

The school/center/site cannot guarantee that the facility or dining area will be allergen free.

Part 3: Dietary Accommodation

Foods to be omitted and foods to be substituted/Other instructions.

Recognized medical authority must complete. Please print.

Foods to be omitted and substitutions: List specific foods to be omitted **and** foods to be substituted. You May attach a sheet with additional information.

Foods to be Omitted	Foods to be Substituted

Texture Modification: Pureed Ground Bite-Sized Pieces Other (specify): _____

Other Dietary Modification OR Additional Instructions (describe). Attach specific diet order instructions: _____

Infant Feeding Instructions:

- In place of breast milk or iron-fortified infant formula, infant (age 8-12 months) is approved to be served:
 - whole milk low fat (one percent) milk reduced fat (two percent) milk nonfat (skim) milk
- Infant to be served Non-Iron Fortified Infant Formula (infant under 12 months)
- Infant to be served Non-Iron Fortified Infant Cereal (infant ages 4 months to first birthday)
- Infant to be served: Nutramigen Pregestimil Alimentum Other Special Formula _____
- Infant to be served a different dilution of formula: _____ (Kcal/ounce)
- Additional Instructions: _____

Signature of Recognized Medical Authority

A recognized medical authority (licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor) must sign and retain a copy of this document.

Recognized Medical Authority Name/Credentials (print): _____

Signature: _____ Date: _____

Clinic/Hospital Name: _____

Phone Number: _____ Fax Number: _____

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) [found online](http://www.ascr.usda.gov/complaint_filing_cust.html) 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.

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Special Diet Statement Guidance (For a Recognized Medical Authority)

Definition of “Disability”

The provisions requiring substitutions or modifications for persons with disabilities respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the regulations that implement that law (7 CFR 15b) which provide that no otherwise qualified individuals shall be excluded from participation in, be denied benefit of, or subjected to discrimination, under any program or activity receiving federal financial assistance, solely on the basis of their disability. Therefore, substitutions to the meal pattern, or modifications to a food item, are required for those participants with disabilities who are unable to consume the regular program meals.

Definition of “handicapped person” from 7 Code of Federal Regulations 15b.3:

The definition of “handicapped person” is provided in 7 CFR 15b.3(i):

- (i) *“Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.*

The parts of the definition of “handicapped person” shown in bold print are further defined in 7 CFR 15b.3(j) through 15b.3(m).

- (j) *“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis, cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.*
- (k) *“Major life activities” means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*
- (l) *“Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.*
- (m) *“Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairment; or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.*

Food Allergies and Intolerances

Generally, a participant with a food allergy(ies) OR a food intolerance(s) is not considered to be a person with a disability. However, when in the physician's assessment, the allergy to the food could result in a life-threatening reaction (anaphylactic reaction), the participant is considered to have a disability and substitutions prescribed by the physician must be provided. Requests for food substitutions due to a food allergy (non-life threatening) or due to a food intolerance will be

evaluated by a school/center/site on a case-by-case basis. A school/center/site is encouraged to accommodate reasonable requests for food substitutions but is not required to do so.

Participant *Without* a Disability

Substitutions may be made for a participant who is unable to consume a food item because of a medical or other special dietary need but who does not meet the definition of a “handicapped person” in 7 CFR 15b. Sponsors are encouraged, **but not required**, to provide food substitutions or modifications for a participant without a disability. However, substitutions may be made on a case-by-case basis when supported by a statement signed by a licensed physician or recognized medical authority. In Minnesota, a recognized medical authority includes a: licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist and chiropractor.

Participants who are overweight or have elevated blood cholesterol generally are not considered to have a disability and sponsoring authorities are not required to make substitutions for them.

In most cases, the special dietary needs of a person who does not have a disability may be managed within the normal program meal service when a variety of nutritious foods are made available and the “offer versus serve” provision (if applicable) is utilized to maximize a participant's choices. Whenever a food substitution(s) can be provided within the framework of the regular meal pattern, a Special Diet Statement is not needed.

Special Diet Statement (for a participant *without* a disability)

The Special Diet Statement for a participant *without* a disability must include:

1. An identification of the medical or other special dietary need which restricts the participant's diet.
2. The food or foods to be omitted from the participant's diet, and the food or choice of foods that may be substituted.

The statement does not have to be renewed each year as long as there are no changes.

State Law on Lactose Intolerance (for School Nutrition Programs)

The responsibility of a school food authority to provide substitutions for any child with lactose intolerance is specified in state law (Minnesota Statutes section 124D.114). Under this law, a school district or nonpublic school that participates in the National School Lunch Program or School Breakfast Program and receives a written request from a parent/guardian shall make available:

- Lactose-reduced or lactose-free milk; or,
- Milk fortified with lactase in liquid, tablet, granular or other form; or,
- Milk to which lactobacillus acidophilus has been added.

The school is **not allowed** to substitute juice (fruit or vegetable) or any soy- or rice-based beverage that is not nutritionally equivalent to cow's milk for a participant who is lactose intolerant.

Fluid Milk Substitution (pertains only to the National School Lunch Program, School Breakfast Program, Special Milk Program and the Minnesota Kindergarten Milk Program)

Requests for a fluid milk substitute (a product that is nutritionally equivalent to cow's milk) may be made by a parent/guardian or a recognized medical authority. According to U.S. Department of Agriculture (USDA) regulations, the only beverage that may be substituted for milk for a participant *without* a disability is a "milk substitute that is nutritionally equivalent to cow's milk" as defined in the USDA regulations. Juice, for example, does not meet the standard of being nutritionally equivalent to cow's milk and therefore cannot be substituted for milk even when a request is submitted on a participant's behalf by a recognized medical authority.

Fluid Milk Substitution (pertains only to the Child and Adult Care Food Program)

Requests for a fluid milk substitute (a product that is nutritionally equivalent to cow's milk) may be made by a parent/guardian or a recognized medical authority. A center may choose to or not to accommodate the request.

Cooperation (as stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation)

When implementing these guidelines, food service personnel should work closely with parents, other responsible family members, and with all other school, child care, medical and community personnel who are responsible for the health, well-being and education of participants with disabilities or with other special dietary needs to ensure that reasonable accommodations are made to allow participation in the meal service.