

# Special Diet Statement to Request Dietary Accommodations

## 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

## Part 2: Participant Status

Update whenever the participant's diagnosis or special diet changes.

Check one:

- Participant **has a disability** and *requires* a special meal or dietary accommodation. An individual with a disability is described under Section 504 of the Rehabilitation Act (1973) and the American with Disabilities Act (ADA) of 2008 as a person who has a physical or mental impairment that substantially limits or affects one or more major life activities and/or major bodily functions.
- **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.
  - **Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

A federal nutrition program sponsor **must** comply with requests for special meals, menu modifications and any adaptive equipment if the participant has a disability that affects their diet. **A licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign this form.**

- Participant **does not have a disability**, but is requesting a dietary accommodation and is medically certified as having a special dietary need. Food preferences are not an appropriate use of this form. A federal nutrition program sponsor is encouraged to accommodate reasonable requests for a participant without a disability but is not required to do so. **A licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor must sign this form.**

- Participant does not have a disability, but is requesting that they be served a **fluid milk substitute** that meets the nutrient standards for non-dairy beverages offered as milk substitutes. A federal nutrition program sponsor is encouraged to accommodate a request for a fluid milk substitute but is not required to do so. The medical or special dietary need must be specified when requesting a fluid milk substitute. **A licensed physician, certified nurse practitioner, registered dietitian, licensed nutritionist, chiropractor, parent or guardian must sign this form.**

1. State the disability or medical condition requiring a special meal or dietary accommodation:

\_\_\_\_\_

2. If participant has a disability, provide a brief description of participant's major life activity or bodily function that is affected by the disability and how this restricts the diet:

\_\_\_\_\_

3. State the diet prescription and/or dietary accommodation: (please describe in detail to ensure proper implementation—use extra pages as needed).

\_\_\_\_\_

**Part 3: Dietary Accommodations**

4. **Foods to be omitted and recommended substitutions:** (list specific foods to be omitted and specific foods to be substituted). You may attach a sheet with additional information as needed.

Foods to be Omitted	Foods to be Substituted

**Texture Modification:**     Pureed     Ground     Bite-Sized Pieces     Other (specify): \_\_\_\_\_

**Tube Feeding:**    Formula Name: \_\_\_\_\_  
Administering Instructions: \_\_\_\_\_  
Oral Feeding:     No     Yes    If yes, specify foods: \_\_\_\_\_

**Other Dietary Modification OR Additional Instructions** (describe).  
\_\_\_\_\_

**Signature**

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Credentials (print): \_\_\_\_\_ Clinic/Hospital Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*\*Signature:* Participant with a disability requires signature from a licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner.

Participant without a disability requires signature from licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor.

Request for a fluid milk substitute requires parent or legal guardian signature.

**Voluntary Authorization**

**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 following Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize \_\_\_\_\_ (physician/medical authority name) to release such protected health information as is necessary for the specific purpose of Special Diet information to \_\_\_\_\_ (program name) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the 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 me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. Optional: 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 authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

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

**This institution is an equal opportunity provider.**

## **Special Diet Statement Guidance (For a Recognized Medical Authority)**

### **Definition of “disability” (42 U.S. Code Sec. 12102)**

Sec. 12102. Definition of disability

As used in this chapter:

(1) Disability

The term "disability" means, with respect to an individual -

(A) a physical or mental impairment that substantially limits one or more major life activities of such individual;

(B) a record of such an impairment; or

(C) being regarded as having such an impairment (as described in paragraph (3)).

(2) Major life activities

(A) In general

For purposes of paragraph (1), 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.

(B) Major bodily functions

For purposes of paragraph (1), 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, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

(3) Regarded as having such an impairment

For purposes of paragraph (1)(C):

(A) An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.

(B) Paragraph (1)(C) shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

(4) Rules of construction regarding the definition of disability

The definition of "disability" in paragraph (1) shall be construed in accordance with the following:

(A) The definition of disability in this chapter shall be construed in favor of broad coverage of individuals under this chapter, to the maximum extent permitted by the terms of this chapter.

(B) The term "substantially limits" shall be interpreted consistently with the findings and purposes of the ADA Amendments Act of 2008.

(C) An impairment that substantially limits one major life activity need not limit other major life activities in order to be considered a disability.

(D) An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

(E)(i) The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as -

(I) medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;

(II) use of assistive technology;

(III) reasonable accommodations or auxiliary aids or services; or

(IV) learned behavioral or adaptive neurological modifications.

(ii) The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity.

(iii) As used in this subparagraph -

(I) the term "ordinary eyeglasses or contact lenses" means lenses that are intended to fully correct visual acuity or eliminate refractive error; and

(II) the term "low-vision devices" means devices that magnify, enhance, or otherwise augment a visual image.

## **Disability versus Non-disability**

According to 42 U.S. Code 12102 a participant with a disability has a physical or mental impairment that substantially limits one or more major life activities or bodily functions of such individual. The only qualified individual who can make this assessment and determine if this disability restricts the participant's diet is a licensed physician, physician assistant or advanced practice registered nurse.

## **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.

### **\*Exempt Infant Formulas:**

An [Exempt Infant Formula](#) is an infant formula designed for infants who have inborn errors of metabolism, low birth weight, or who otherwise have unusual medical or dietary problems. Formulas classified as Exempt Infant Formula by FDA may be served as a part of a reimbursable meal if the substitution is due to a disability and is supported with a special diet statement signed by a licensed physician, physician assistant, or advanced practice registered nurse.