

## **Special Diet Form Requirements**

- Information about the physical or mental impairment that tells you how the diet is restricted (e.g., milk allergy, vomiting when strawberries are consumed, rash when nuts are eaten, type 1 diabetes, etc.)
- Explanation of what must be done to accommodate the child
- The food(s) to be omitted and recommended alternatives
- If diet accommodation does not meet the meal patten, signed by a medical authority (physician, physician assistant, osteopathic physician, advance practice registered nurse, naturopathic physician )



## Medical Statement to Request Special Meals, Accommodations, and Milk Substitutions

1. School/Agency	2. Site	3. Site Manager & Telephone Number	
4. Name of Student*		5. Age or Grade	
6. Name of Parent or Guardian		7. Telephone Number	
8. State the medical condition requiring a special meal, accommodation, or fluid milk substitute.			
9. Does the disability or medical condition affect major life activities or major bodily functions? Select one of the following.* <input type="checkbox"/> This condition affects <b>major life activities</b> (included but 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). <input type="checkbox"/> This condition affects <b>major bodily functions</b> (including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions). <input type="checkbox"/> This condition does <b>not</b> affect major life activities or major bodily functions.  According to the ADA Amendments Act of 2008, The term 'disability' means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment." The major life activities include the major life activities and major bodily functions listed above. The USDA has adopted this definition of a disability with regard to child nutrition programs.			
10. Provide a brief description of the major life activity or bodily function affected by the disability.*			
11. Diet prescription and/or accommodation.* (Must include specific <b>foods to be omitted and substituted</b> . Please fill out Attachment A or a diet order if needed.)			
12. Indicate texture: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
13. Adaptive Equipment Needed:			
14. Signature of Preparer	15. Printed Name	16. Telephone Number	17. Date
18. Signature of Medical Authority & Credentials*	19. Printed Name*	20. Telephone Number	21. Date*
22. To be completed by the LEA/School: <input type="checkbox"/> Additional information needed <input type="checkbox"/> Approves request <input type="checkbox"/> Denies request  LEA Comments:			

\*Required

# Medical Statement to Request Special Meals, Accommodations, and Milk Substitutions

## Instructions

This form must be kept on file at the school site. The following instructions are provided to assist in completing this form. If you have specific questions, please contact the Utah State Board of Education Child Nutrition Program at (801) 538-7755.

**8. State the medical condition requiring a special meal, accommodation, or fluid milk substitute:** Describe the medical condition that requires a special meal, accommodation, or fluid milk substitute (e.g., juvenile diabetes, allergy to peanuts, PKU, etc.)

**9. Check One:** Check (v) a box to indicate whether a participant has a disability. When a condition affects the child's major life activities or a major bodily function, the child is considered to have a disability.

**10. If Student has a disability, provide a brief description of the major life activity affected by the disability:** Describe how the physical or medical condition affects the disability. For example, "Allergy to peanuts causes a life-threatening reaction."

**11. Diet prescription and/or accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe the diet modification requested for a non-disabling condition. For example, "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods." **Include specific foods to be omitted and substituted:** Use attachment A or write a specific diet order with this information if needed.

**12. Indicate texture:** Check (v) a box to indicate the type of food texture required. If no texture modification is needed, check regular.

**13. Adaptive Equipment Needed:** Describe specific equipment required to assist the participant with dining. Examples could include: Sippy cup, large handled spoon, wheel-chair accessible furniture, etc.

**18. Signature of Medical Authority and Credentials:** The State of Utah recognizes the following as licensed medical authorities (SP 32-15), Physician (M.D.), Physician Assistant (P.A.), Osteopathic Physician (D.O.), Advance Practice Registered Nurse (A.P.R.N.), Naturopathic Physician (N.D. or N.M.D.)

## Definitions

**A Person with a Disability-** any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such impairment, or is regarded as having such an impairment.

**Physical or Mental Impairment-**(a) 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, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Major Life Activities-**functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major Bodily Functions-such as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.

**Record of Impairment-**having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

## USDA Guidelines for Accommodating Special Dietary Needs

**Disability-**Schools and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

**Non-disability-**Schools and agencies participating in federal nutrition programs **may** comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition must be accommodated.

**Fluid Milk Substitutions-**Fluid milk substitutions apply to non-disability requests. Schools and agencies participating in federal nutrition program **may** accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one student requesting a fluid milk substitute, accommodations must be made for all students requesting a fluid milk substitute. (USDA FNS, Guidance Related to the ADA Amendments Act, NSLP Bulletin 36-2013, Retrieved 5/12/2014.

DATE: April 25, 2017

MEMO CODE: SP 26-2017

SUBJECT: Accommodating Disabilities in the School Meal Programs:  
Guidance and Questions and Answers (Q&As)

**This handout contains only questions 3-9 of the original memo attachment.**

<b>What is a Disability?</b>
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**3. Is a food allergy considered a disability?**

A food allergy will generally be considered a disability. Under the definition of disability in the ADA, a food allergy does not need to be life-threatening or cause anaphylaxis in order to be considered a disability. A non-life-threatening allergy may be considered a disability and require a meal modification, if it impacts a major bodily function or other major life activity (such as digestion, respiration, immune response, skin rash, etc.).

**4. Is a food intolerance recognized as a disability?**

A food intolerance may be considered a disability if it substantially limits a major life activity. For example, if a child's digestion (a major bodily function) is impaired by gluten intolerance, their condition may be considered a disability regardless of whether or not consuming wheat causes severe distress.

**5. Is autism considered a disability?**

Autism is considered a disability, and may require a reasonable modification if it substantially limits a major life activity, such as the activity of eating. For example, some children with autism will eat only certain foods due to their repetitive and ritualistic behavior patterns. Any physical or mental impairment preventing a child from consuming a meal is considered a disability.

**6. Is obesity considered a disability?**

Obesity is recognized by the American Medical Association as a disease and may be considered a disability if the condition of obesity substantially limits a major life activity.

**7. Are phenylketonuria (PKU), diabetes, and celiac disease considered conditions that require modifications to Program meals?**

Yes. All three conditions are considered disabilities and may require reasonable modifications.

**8. How is a temporary or episodic disability addressed?**

If a disability is episodic, and when active substantially limits a major life activity, the child must be provided a reasonable modification.

The question of whether a temporary impairment is a disability must be resolved on a case-by-case basis, taking into consideration both the duration (or expected duration) of the impairment and the extent to which it actually limits a major life activity of the affected individual. Even if the condition is temporary, but severe and lasts for a significant duration, SFAs must provide a reasonable modification for the duration of the condition. For example, if a child was involved in a serious accident and is unable to consume food for a significant period of time unless the texture is modified, the school must make an accommodation for the child, even though the child is not “permanently” disabled. On the other hand, a cold, the flu, or a minor broken bone are generally not considered conditions that require a reasonable modification to Program meals.

**9. Can a school food service professional assume a child’s condition is not a disability because it is not listed under “categories of disease and conditions” in the ADA?**

No. As noted in the law, the “categories of diseases and conditions” are not all inclusive. Therefore, there are more conditions that meet the definition of disability than are listed in the law. In addition, when a modification request is supported by a medical statement, the written medical statement does not need to provide a specific diagnosis by name or use the term “disabled” or “disability” (though statements that use these terms are sufficient). If an SFA has questions regarding the information provided in the medical statement, the SFA should request the parent or guardian seek clarification from a State licensed healthcare professional.

# Attachment A: Foods to be Omitted and Substituted

Special Dietary Needs for School Meals

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Medical providers must specify foods to exclude and foods to include for children with special dietary needs. This information can be provided using this form or by writing a separate diet order. Foods are listed alphabetically by food category.

Dairy  Milk Allergy  Lactose Intolerant  Other: \_\_\_\_\_

### Foods to Exclude

- Fluid Milk
- All ingredients containing milk\*
- Cheese
- Yogurt
- Butter
- Cream/Ice Cream
- Baked goods made with milk
- Buttermilk
- Other, Specify:

### Allowable substitutes

- Lactose-free milk
- Plant-based milk alternates  
(e.g. soy, almond, and rice milk)
- Plant-based cheese alternates
- Other, Specify:

\*Ingredients that contain milk include: Artificial butter or cheese flavor, Casein or caseinates, Curd, Ghee, Hydrolysates, Lactalbumin, lactalbumin phosphate, Lactose, lactoglobulin, lactoferrin, lactulose, Rennet, Whey or whey products.

Eggs  Egg Allergy  Other: \_\_\_\_\_

### Foods to Exclude

- Eggs\*
- Baked goods containing eggs
- Other, Specify:

### Allowable substitutes

- Egg-free protein options
- Egg-free baked goods
- Other, Specify:

\*Ingredients that contain egg include: Albumin (also spelled albumen), Egg (dried, powdered, solids, white, yolk), Eggnog, Lysozyme, Mayonnaise, Meringue (meringue powder), Ovalbumin, Surimi

Grains  Wheat Allergy  Celiac Disease  Gluten Intolerant  Other: \_\_\_\_\_

### Foods to Exclude

- Wheat\*
- Condiments
- Rye
- Oats
- Barley
- Other, Specify:

### Allowable substitutes

- Gluten-free alternative grains
- Wheat-free alternative grains
- Rice
- Corn products
- Quinoa
- Other, Specify:

\*Ingredients that contain wheat include: Bread crumbs, Bulgur, Cereal extract, Club wheat, Couscous, Cracker meal, Durum, Einkorn, Emmer, Farina, Flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat), Hydrolyzed wheat protein, Kamut\*, Matzoh, matzoh meal (also spelled as matzo, matzah, or matza), Pasta, Seitan, Semolina, Soy sauce (may contain wheat, not all varieties), Spelt, Sprouted wheat, Triticale, Vital wheat gluten, Wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch), Wheat bran hydrolysate, Wheat germ oil, Wheat grass, Wheat protein isolate, Whole wheat berries.

Meat  Vegetarian  Religious Preference  Other \_\_\_\_\_

**Foods to Exclude**

- Beef
- Pork
- Poultry
- Lamb/Mutton
- Seafood
- Other, Specify:

**Allowable substitutes**

- Plant-based meat alternates (e.g. tofu)
- Eggs
- Dairy (e.g. cheese, yogurt)
- Peanuts & Peanut Butter
- Beans
- Other, Specify:

Peanut/Tree Nuts  Peanut Allergy  Tree Nut Allergy  Other \_\_\_\_\_

**Foods to Exclude**

- Peanuts & Peanut Butter
- Peanut Oil
- All Tree Nuts\* & Nut Butters
- Other, Specify:

**Allowable substitutes**

- Soy Butter
- Sunflower Seed Butter
- Almond Butter
- Nut-free protein options

\*Tree Nuts Include: Almond, Beechnut, Brazil nut, Bush nut, Butternut, Cashew, Chestnut, Filbert, Ginko nut, Hazelnut, Hickory nut, Lichee nut, Macadamia nut, Nangai nut, Pecan, Pine nut, Pistachio, Shea nut, Walnut.

Seafood  Fish Allergy  Shellfish Allergy  Other \_\_\_\_\_

**Foods to Exclude**

- Crustaceans (crab shrimp lobster)
- Mollusks (clam, mussel, oyster, scallop)
- Finned Fish\*
- Caesar Dressing
- Imitation fish/crab
- Other, Specify:

**Allowable substitutes**

- Non-fish protein options
- Other, Specify:

\*Finned Fish include: Anchovy, Bass, Catfish, Cod, Flounder, Grouper, Haddock, Hake, Halibut, Herring, Mahi mahi, Perch, Pike, Pollock, Salmon, Snapper, Sole, Swordfish, Tilapia, Trout, Tuna, Walleye.

Other \_\_\_\_\_ Condition \_\_\_\_\_

**Foods to Exclude**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Allowable substitutes**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signature of Preparer	Printed Name	Date
Signature of Medical Authority & Credentials	Printed Name	Date