

## Special Diet Statement For a Participant *With a Disability*

This Special Diet Statement is **only** for a participant with a disability that affects the diet. Update whenever the participant's diagnosis or special diet changes.

Sponsors who operate Child Nutrition Programs are **required** to accommodate a request for a dietary modification for a participant with a disability.

**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)**

<b>School:</b>	<b>Center/Child Care/Adult Care Center:</b>	<b>Site—Summer Food Service Program:</b>
<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)

**Part 2: Participant Status**  
Licensed physician, physician assistant or advanced practice registered nurse such as a certified nurse practitioner must complete. Please print.

**Participant has a disability and requires a special diet or food 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.

1. Identify the participant's disability: \_\_\_\_\_ **and/or**  
Food allergy(ies): \_\_\_\_\_
2. Identify the "major life activities" and/or "major bodily functions affected by the disability":  
\_\_\_\_\_
3. Describe how the disability restricts the participant's diet: \_\_\_\_\_

**Part 3: Dietary Accommodation**

Licensed physician, physician assistant or advanced practice registered nurse such as a certified nurse practitioner 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): \_\_\_\_\_

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

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

**Signature**

**Licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and retain a copy of this document.**

Prescribing Authority Credentials (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

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

**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 licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner.)

### Substitutions or Modifications for Participants with Disabilities Who Are Unable to Consume Regular Program Meals

The provisions requiring substitutions or modifications for persons with disabilities participating in federal child nutrition programs (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, Summer Food Service Program) respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendments Act of 2008 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 meals of a federal child nutrition program

### 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.

## **Special Diet Statement (for a participant with a disability)**

The determination of whether a participant has a disability, and whether the disability restricts the participant's diet, is to be made by a licensed physician. The Special Diet Statement must identify:

1. The participant's disability and an explanation of why the disability restricts the participant's diet.
2. Which of the major life activities or major bodily functions listed in 42 U.S. Code Section 12102 (see above) is affected by the disability.
3. The food or foods to be omitted from the participant's diet and the food OR choice of foods that must be substituted.

Note: if the disability requires caloric modifications or the substitution of a liquid nutritive formula, this information must also be included in the statement.

The Special Diet Statement does not need to be renewed on a yearly basis; however, it must reflect the current dietary needs of the participant.

If a participant with a disability only requires a modification in food texture (such as chopped, ground or pureed foods), a physician's written instructions indicating the appropriate food texture is recommended, but not required. However, the sponsoring authority (school/center/site) may apply stricter guidelines requesting that a Special Diet Statement be provided for modifications in texture. Unless otherwise specified by the physician, meals will consist only of food items and quantities that are normally provided in the regular menus.

## **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 required to make available any other substitute, such as juice, based on lactose intolerance.