

## 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. This form must be:

- Thoroughly completed and signed by a licensed physician.
- Submitted to the school/center/site before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.
- Updated whenever the participant's diagnosis or special diet changes.

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

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 LICENSED PHYSICIAN 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) as a person who has a physical or mental impairment that substantially limits or affects one or more major life activities (i.e., eating, seeing, hearing) and/or major bodily functions (i.e., digestion, bowel, bladder, immune system, respiratory, endocrine, etc.). **Refer to the document titled Special Diet Statement Guidance for definitions of "disability" and "major life activities" which is included with this form.**

1. Identify the participant's disability: \_\_\_\_\_ and/or  
Identify food allergy that is life-threatening/anaphylactic (considered a disability): \_\_\_\_\_
2. Identify the "major life activities" affected by the disability: \_\_\_\_\_
3. Describe how the disability restricts the participant's diet: \_\_\_\_\_

**PART 3: DIETARY ACCOMMODATION  
FOODS TO BE OMITTED AND FOODS TO BE SUBSTITUTED/OTHER INSTRUCTIONS  
LICENSED PHYSICIAN 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: \_\_\_\_\_
- Infant Feeding Instructions** (if applicable): \_\_\_\_\_
- \_\_\_\_\_

**SIGNATURE OF LICENSED PHYSICIAN  
LICENSED PHYSICIAN MUST SIGN and RETAIN A COPY of this DOCUMENT.**

Licensed Physician Name/Credentials (print): \_\_\_\_\_

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

Clinic/Hospital Name: \_\_\_\_\_

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

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

## VOLUNTARY AUTHORIZATION

A PARENT/GUARDIAN/PARTICIPANT MAY CHOOSE TO COMPLETE THIS SECTION GIVING PERMISSION TO THE LICENSED PHYSICIAN TO DISCUSS AND CLARIFY A DIET ORDER WITH A DIRECTOR OF A SCHOOL, CENTER OR SITE.

Note to Parent(s)/Guardian(s)/Participant: As stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation: "When implementing the guidelines of this instruction, food service personnel should work closely with the parent(s)/guardian(s)/participant or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a disability that affects the diet to ensure that reasonable accommodations are made to allow the individual's participation in the meal service.

This voluntary authorization encourages such cooperation by allowing the following:

- After review of this Special Diet Statement, the school, center or site may need more information or clarification from the physician before it can provide the special diet. By signing this authorization you are permitting the school, center or site to discuss or clarify the diet order with the physician.
- Before any changes agreed to between the director of the school, center or site and physician take place, the parent(s)/guardian(s)/participant need to be informed.
- The changes agreed to will then be incorporated into an amended Special Diet Statement.
- If more information is needed but this authorization statement has not been signed, implementation of the special diet may be delayed.
- If authorization is signed, make a copy of this document before submitting to the school, center or site.

This authorizes the licensed physician to discuss or clarify the diet order prescribed for

\_\_\_\_\_ (participant's name) with the director at  
\_\_\_\_\_ (name of school/center/site). This authorization will remain in effect until the diagnosis has changed or a new diet order is prescribed.

This authorization may be revoked at any time by submitting a request in writing to the physician who originally signed the Special Diet Statement.

I understand that specific information disclosed pursuant to this authorization may be subject to re-disclosure by the school/center/site director and will no longer be protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR Participant's Signature (Adult Day Care)

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

**THIS PAGE INTENTIONALLY LEFT BLANK**

# **SPECIAL DIET STATEMENT GUIDANCE**

(For a Licensed Physician)

## **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 listed in 7 CFR 15b.3(k) (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.

### **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 (anaphylactic) reaction, the participant is considered to have a disability and food substitutions prescribed by the physician must be provided.

### **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.