

## 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: (circle all that apply)

<b>School:</b> Breakfast      Lunch Afterschool Care Program (snack)	<b>Center / Child Care / Adult Care Center:</b> Breakfast      Lunch      Supper am / pm / eve Snack      Afterschool Snack	<b>Site-Summer Food Service Program:</b> Breakfast      Lunch      Supper      Snack
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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 one or more major life activities.

**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 ACCOMODATION  
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 #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**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)

## SPECIAL DIET STATEMENT GUIDANCE (For a Licensed Physician)

### 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 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 impairments; 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.*

### 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.