

MEAL CHANGE REQUEST FORM INSTRUCTIONS

Important! Determine which type of request is needed (see #1 and #2 below). Then, carefully read and follow the steps for that type of request. If the form is not complete, the school/agency will follow up with the parent/guardian about the request. **We recommend that you keep a copy of the form that is turned into to school/agency.** If you have any questions about this form, contact the school/agency.

Definitions:

- An ‘agency’ might be a school, child care center, adult day care center, child care home, sponsoring organization, or institution.
- A ‘participant’ would be a student, child, or adult (in a day care setting) who receives meals at an agency.

Note to Parent/Guardian/Participant: As required in FNS Instruction 783, Rev. 2, Section V Cooperation: When working with a meal change request, food service staff should work closely with the parent(s) / guardian(s) / participant(s) 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 condition that limits a major life activity to ensure that reasonable steps are taken that will allow the individual's participation in the meal service.

1. Meal Change Request due to a condition that limits a major life activity:

- A school/agency **must** provide a meal change for a condition that limits a major life activity. You will find more information about what is considered a major life activity below. A participant does not need to be labeled as having a ‘disability’ in order to need a meal change.
- If you are asking for a meal change that is based on a condition that limits a major life activity, a meal change request form (alternate form allowed) is required and it must be signed by a recognized medical authority when the meal modification deviates from the program meal pattern. A recognized medical authority is a medical official who is authorized to write prescriptions. The following sections must be completed when submitting a change request for this reason.
 - Part A of this form must be completed by the parent/guardian/participant.
 - Part B of this form must be completed by a recognized medical authority when the meal change requires the school/agency to provide a meal outside of the meal pattern. The school/agency staff can help the parent/guardian/doctor to understand what the meal patterns require.
 - We strongly recommend the parent/guardian signs Part C of the form.
- If the school/agency is able to make the meal change request and still follow the meal pattern requirements, the form does not need to be signed by a recognized medical authority. However, the school/agency may request a completed meal change form that is signed by a recognized medical authority. If a signed meal change form is requested by the school/agency, the school/agency must provide the alternate meal while waiting for the signed form.
- A meal change request based on a condition that limits a major life activity will be followed by the school/agency until a parent/guardian/recognized medical authority tells the school/agency that the change request is no longer needed. The school/agency may ask for a signed statement to document the end of the meal change request.
- We strongly recommended that parents/guardians look at the change request each year to make sure the change is still correct and needed

2. Meal Change Request due to a lifestyle choice, general health concern, etc.:

- A school/agency is **not required** to provide a meal change for requests that are based on lifestyle choices, general health concerns, etc. and a major life activity is not affected.
 - If you are asking for a meal change that is based on a lifestyle choice, general health concern, etc. the following sections must be completed when submitting a change request for this reason.
 - Part A of this form must be completed by the parent/guardian/participant.
 - Part B of this form must be completed.
 - We strongly recommend the parent/guardian signs Part C of the form.
 - If the school/agency provides a meal change for this reason, the requested change will continue until a parent/guardian/medical authority tells the school/agency that the change request is no longer needed. The school/agency may ask for a signed statement to document the end of the meal change request.
 - If the school/agency is making a meal change for this reason, we strongly recommend that parents/guardians look at the change request each year to make sure the change is still correct.
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MEAL CHANGE REQUEST FORM

* Keep a copy of the completed form for your records.

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| Part A – Participant, Parent/Guardian, and School/Agency Contact Information – To be completed by a parent/guardian or school/agency contact person – | | | |
| 1. School/Agency Name | | 2. Site Name (if applicable) | |
| | | 3. School/Agency Telephone | |
| 4. Name of Participant/Student | | 5. Date of Birth | |
| 6. Name of Parent or Guardian | | 7. Parent/Guardian Telephone | |
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| Part B – Meal Change – To be completed by a medical authority (State licensed healthcare professional authorized to write prescriptions) if change is outside of the meal pattern. The school/agency can help you to understand what the meal patterns require. | | | |
| 8. Check One: | | | |
| <input type="checkbox"/> a. Participant has a condition which limits a major life activity . <input type="checkbox"/> b. Participant does not have a condition which limits a major life activity. | | | |
| 9. State the condition, food allergy/intolerance, medical condition, or reason a meal change is required/requested (use extra pages if needed): | | | |
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| 10. If the participant has a condition that limits a major life activity (see definition on instructions page), provide a brief description of the major life activity (see list on instructions page) affected by the condition (e.g. allergy to peanuts affects ability to breathe): | | | |
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| <input type="checkbox"/> Check if not applicable | | | |
| 11. Modified Texture: | | 12. Modified Thickness: | |
| <input type="checkbox"/> Not Applicable <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed | | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon or Pudding Thick | |
| 13. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a separate page with more information if needed.) | | | |
| <input type="checkbox"/> Check if not applicable | | | |
| A. Foods To Be Omitted | | B. Suggested Substitutions | |
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| 14. Additional Information: (Such as special feeding equipment, type of meal modification, etc.). | | | |
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| 15. Signature of Preparer (When Medical Authority is not required) | | 16. Printed Name | |
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| 19. Signature of Medical Authority/Title | | 20. Printed Name | |
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| 17. Telephone Number | | 18. Date | |
| | | | |
| 21. Telephone Number | | 22. Date | |
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