

## Request for Meal Accommodation

This form may be used to request meal modifications for students who have a physical or medical impairment and participate in the National School Lunch & School Breakfast Programs. The district will work collaboratively with parents to ensure equal opportunity to participate in the School Meal Programs and receive program benefits. However, if the district is unable to accommodate your student's request within the meal pattern requirements; a *Medical Statement* completed by a State licensed Medical Professional will be needed (SP 59-2016).

### Parent/Guardian:

Completing the *Request for Meal Accommodation* form helps the school provide meal modifications within the meal pattern requirements for students with a mental or physical impairment. Your participation in this process is very important and communication with the school team allows for advanced planning and preparation needed to provide the accommodation. The district is not required to provide a specific substitution (such as a particular brand name), but offer a reasonable modification that effectively accommodates your child's needs.

Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Describe the student's physical or mental impairment:		
Specify any dietary restrictions or special instructions for meals:		
Signature of Parent/Guardian:		Date:
<b>IMPORTANT:</b> The only fluid cow's milk substitutions allowed by USDA are (1) Lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. To see the non-dairy beverages that meet the this requirement visit <a href="https://www.education.ne.gov/ns/forms/nslpforms/SPdietMilkSub.pdf">https://www.education.ne.gov/ns/forms/nslpforms/SPdietMilkSub.pdf</a>		

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: AD-3027, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights 1400  
Independence Avenue, SW Washington,  
D.C. 20250-9410;
- (2) Fax: (833) 256-1665 or (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



Internal Use - School Information	
Return to:	_____
Phone number:	_____
Date form received by school:	_____
Follow-up:	_____

Nutrition Services  
Revised: June 2023

## MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for school meals (SP 59-2016). Therefore, in order to meet your child's needs, this form must be completed and returned to the school. The form must be completed by a State Licensed Health Care Professional (i.e., Physician (MD or DO), Physician's Assistant (PA), Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), Chiropractor, or Registered Dietitian.

Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Description of student's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:	If applicable, list foods to substitute:	
Texture Modifications:	Thickness Modifications:	
Signature of State Licensed Health Care Professional or Registered Dietitian:		
Printed Name and Title:	Phone Number:	Date:

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