

753 SPECIAL DIETARY NEEDS

I. PURPOSE

The purpose of these guidelines is to assist in identifying the responsibilities of the school district personnel in providing school meals to students who have special dietary needs.

II. GENERAL STATEMENT OF POLICY

- A. The school district recognizes the importance of building an awareness of addressing the nutrition management of students with special dietary needs. There are many conditions that require special diets. The most frequently reported are food allergies and food intolerance.
- B. The school district recognizes the need for communication among school food and nutrition personnel, special education teachers, nursing and medical personnel, school administrators, classroom teachers, support personnel, and parents in determining dietary needs of students.

III. PARTICIPANTS WITH DISABILITIES

A. Definition of "Disability"

The provision 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 (7CFR 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 USDA Federal Regulations 15b(3):

The definition of "handicapped person" is provided in 7 CFR(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 an 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(j) through 15b(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 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.

B. 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 reaction (anaphylactic reaction), the participant is considered to have a disability and substitutions prescribed by the physician must be provided. Requests for food substitutions due to a food allergy (non-life threatening) or due to a food intolerance will be evaluated by a school/center/site on a case-by-case basis. A school/center/site is encouraged to accommodate reasonable requests for food substitutions but is not required to do so.

C. Special Diet Statement for a Participant *With* a Disability

The determination of whether a student has a disability, and whether the disability restricts the student's diet, are to be made on an individual basis by a licensed physician. A statement signed by a licensed physician must support substitutions.

The physician's statement *must* identify:

- a. (1)The student's disability and (2)an explanation of why the disability restricts the student's diet;
- b. (3)Which of the major life activities listed in 7 CFR 15(k) (see above) is affected by the disability; and
- c. (4)The food or foods to be omitted from the student's diet, and (5)the food or choice of foods that may be substituted.

The statement does not have to be renewed each year as long as there are no changes. The Special Diet Statement for a Participant *With* a Disability form will be available to any interested parent or guardian so that their physician may determine whether the child meets the regulatory criteria.

For students with disabilities who only require modifications in texture (such as chopped, ground, or pureed foods), a physician's written instructions indicating the appropriate food texture is recommended. Unless otherwise specified by the physician, meals modified for texture will consist only of food items and quantities specified in the regular menus.

D. Individual Education Plan (IEP)

The Individualized Education Plan is the management tool for students receiving special education related services. The services prescribed in the IEP may include special meals so nutrition should be a part of the IEP for a child who requires a special diet.

- A. The parent/guardian will be notified when the household account is insufficient to provide food service for a week.
- B. The method of notifying the parent/guardian of children in grades K-12 will be by written notification or by electronic parent notification system.
- C. Parent/guardian will be notified when student's lunch balance is negative. Upon termination of meal privileges, the school will contact the household regarding their responsibilities to provide meals for their student.
- D. For students that have a negative fund balance, the negative balance needs to be paid in full upon leaving the district or when the student graduates from High School.

IV. PARTICIPANT WITHOUT A DISABILITY

Substitutions may be made for a participant who is unable to consume a food item because of a medical or other special dietary need but who does not meet the definition of a "handicapped person" in 7 CFR 15b. Sponsors are encouraged, **but not required**, to provide substitutions or modifications for a participant without a disability. However, substitutions may be made on a case-by-case basis when supported by a statement signed by a: licensed physician, physician assistant, certified nurse practitioner, registered dietitian, licensed nutritionist, and chiropractor.

Participants who are overweight or have elevated blood cholesterol generally are not considered to have a disability and sponsoring authorities are not required to make substitutions for them.

In most cases, the special dietary needs of a person who do not have a disability may be managed within the normal program meal service when variety of nutritious foods are made available to students, and the "Offer versus Serve" provision (if applicable) is utilized to maximize a participant's choices. Whenever a food substitution(s) can be provided within the framework of the regular meal pattern, a Special Diet Statement is not needed.

A. Recognized Medical Authority's Statement (Special Diet Statement)

Substitutions for students without disabilities may be made only on a case-by-case basis when supported by a statement signed by a recognized medical authority. Recognized medical authorities are licensed physicians, physician's assistants, certified nurse practitioners, registered dietitians, and chiropractors.

The "special diet statement" for a student without a disability must include: (1) an identification of the medical or other special dietary need which restricts the participant's diet, and (2) the food or foods to be omitted from the participant's diet, and the food or choice of foods that may be substituted.

The statement does not have to be renewed each year as long as there are no changes.

The Special Diet Statement for a Participant *Without* a Disability form will be available to any interested parent or guardian.

V. **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 allowed** to substitute juice (fruit or vegetable) or any soy- or rice-based beverage that is not nutritionally equivalent to cow's milk for a participant who is lactose intolerant.

The written request does not have to be renewed each year as long as there are no changes.

A. **FLUID MILK SUBSTITUTION** (pertains only to the National School Lunch Program, School Breakfast Program, Special Milk Program, and the Minnesota Kindergarten Milk Program)

a. Students **with** Disabilities

Substitutions or modifications must be made in school meals for a child who has a disability that restricts their diet per USDA regulations (7 CFR Part 15b). Fluid substitutions may be made with the completion of a Physician's Statement (see Section III C). Fluid substitutions will be followed according to the signed physician's statement.

b. Students **without** Disabilities

Requests for a milk substitute (a product that is nutritionally equivalent to cow's milk) may be made by parent/guardian or a recognized medical authority. According to U.S. Department of Agriculture (USDA) regulations, the only beverage that may be substituted for milk for a participant without a disability is a "milk substitute that is nutritionally equivalent to cow's milk" as defined by the USDA regulations. Juice, for example, does not meet the standard of being nutritionally equivalent to cow's milk and therefore cannot be substituted for milk even when a request is submitted on a participant's behalf by a recognized medical authority. A center may choose to or not to accommodate the request.

VI. **REIMBURSEMENT FOR SPECIAL DIETARY MEALS**

The USDA Departmental Rule 7 CFR15.26(d), 2009 and the National School Lunch, School Breakfast, and Child and Adult Care Food Program Regulations, 2009 require schools participating in the National School Lunch Program and/or school breakfast program to serve special meals at no extra charge to students whose disability restricts their diet. The student must meet the definition of handicapped set forth in 7CFR15b.3 (k) and the handicap must restrict the student's diet. Furthermore, substitution/modification must be supported by a diet or a medical statement signed by a licensed physician, which states the need for substitution and a recommendation for alternate foods.

VII. COOPERATION (as stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation)

When implementing these guidelines, food service personnel should work closely with parents, other responsible family members, and with all other school, child care, medical, and community personnel who are responsible for the health, well-being and education of participants with disabilities or with other special dietary needs to ensure that reasonable accommodation are made to allow participation in the meal service.

A discontinuation of a special diet will be followed when a written request from a parent/guardian or Medical Authority is received.

Legal References: Section 504 of the Rehabilitation Act of 1973
The Individuals with Disabilities Education Act (IDEA)
Americans with Disabilities Act of 1990 (ADA)
National School Lunch, School Breakfast, and Child and Adult Care Food Program
Regulations 2009

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)			
School: Breakfast Lunch Afterschool Care Program (snack)	Center / Child Care / Adult Care Center: Breakfast Lunch Supper am / pm / eve Snack Afterschool Snack	Site–Summer Food Service Program: Breakfast Lunch Supper 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.			
<p>Participant has a disability and requires a special diet or food accommodation.</p> <p>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.</p> <p>Refer to the document titled <i>Special Diet Statement Guidance</i> for definitions of “disability” and “major life activities” which is included with this form.</p> <p>1. Identify the participant's disability: _____ and/or</p> <p style="padding-left: 20px;">Identify food allergy that is life-threatening / anaphylactic (considered a disability): _____</p> <p>2. Identify the “major life activities” affected by the disability: _____</p>			

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 #: _____ 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)

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SPECIAL DIET STATEMENT For A Participant *Without* a Disability

This Special Diet Statement is **ONLY** for a participant *without* a disability who is medically certified as having a special dietary need. Requests for a special diet must be:

- Supported by a Special Diet Statement that is thoroughly completed and signed by a recognized medical authority (licensed physician, physician's assistant, certified nurse practitioner, registered dietitian, licensed nutritionist, or chiropractor).
- Submitted to the school/center/site before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.

Special diet requests will be evaluated on a case-by-case basis. A school/center/site is encouraged to accommodate reasonable requests but is *not* required to do so.

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)			
School: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Care Program (snack)	Center / Child Care / Adult Care: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack (am/pm/eve)	Site-Summer Food Service Program: <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			
RECOGNIZED MEDICAL AUTHORITY MUST COMPLETE.			
<p>Participant does <i>not</i> have a disability but is requesting a special meal or dietary accommodation.</p> <p>Describe and/or select the medical or special dietary condition which restricts the participant's diet:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Lactose Intolerance: <input type="checkbox"/> No milk to drink [Schools: participant must be offered lactose-reduced or lactose-free milk as required by state law (Minnesota Statutes section 124D.114) when supported by a written request from the parent/guardian.]</p> <p><input type="checkbox"/> Food Intolerance: Food(s) allergic to: _____</p> <p>The participant's allergy to the food(s) stated above does not result in a life threatening (anaphylactic) reaction. PLEASE NOTE: a food allergy is considered to be a disability when it results in a life-threatening (anaphylactic) reaction.</p> <p>◆The school/center/site cannot guarantee that the facility or dining area will be allergen free.◆</p>			

PART 3: DIETARY ACCOMMODATION

**FOODS TO BE OMITTED AND FOODS TO BE SUBSTITUTED / OTHER INSTRUCTIONS
RECOGNIZED MEDICAL AUTHORITY 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): _____

Other Dietary Modification OR Additional Instructions (describe). Attach Specific diet order instructions:

Infant Feeding Instructions:

- In place of breast milk or iron-fortified infant formula, infant (age 8-12 months) is approved to be served:
 - whole milk
 - low fat (1%) milk
 - reduced fat (2%) milk
 - nonfat (skim) milk
- Infant to be served Non-Iron Fortified Infant Formula (infant under 12 months)
- Infant to be served Non-Iron Fortified Infant Cereal (infant ages 4 months to first birthday)
- Infant to be served: Nutramigen Pregestimil Alimentum Other Special Formula _____
- Infant to be served a different dilution of formula: _____ (Kcal/ounce)
- Additional Instructions: _____

SIGNATURE OF RECOGNIZED MEDICAL AUTHORITY

RECOGNIZED MEDICAL AUTHORITY MUST SIGN and RETAIN A COPY of this DOCUMENT.

Recognized Medical Authority Name/Credentials (print): _____

Signature: _____ Date: _____

Clinic/Hospital Name: _____

Phone #: _____ Fax Number: _____

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