



August 1, 2020

MEAL SERVICES TO CHILDREN WITH DISABILITIES

Dear Parent/Guardian:

The National School Lunch Program (NSLP) and School Breakfast Program (SBP) aim to provide all participating children, regardless of background, with the nutritious meals they need to be healthy. This includes ensuring children with disabilities have an equal opportunity to participate in and benefit from the NSLP and SBP.

Federal regulations require schools and institutions to serve meals at no extra charge to those children whose disability restricts their diet in such a way that they cannot fully participate in the food service program without some modification to the foods offered or the scheduled menu. If you believe your child needs substitutions because of a disability, please get in touch with us for further information. You must request meal modifications from the school and provide the school with a medical statement from a State licensed healthcare professional. **This medical statement must contain but is not limited to the following:**

- **Information about the child's physical or mental impairment that is sufficient to allow the school to understand how it restricts the child's diet,**
- **An explanation of what must be done to accommodate the child's special dietary need,**
- **The food or foods to be omitted and recommended alternatives, in the case of a modified meal**

If you have questions regarding the need for meal modifications, contact the Food Service Office at (845) 460-6200 for further information.

Sincerely,

Aldis Ansons, Director of Food Services

Nondiscrimination Statement:

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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

MONROE-WOODBURY CSD - FOOD SERVICES
DIET PRESCRIPTION FOR SPECIAL MEALS FORM
SCHOOL YEAR 2020-21

NAME OF STUDENT _____ Student's Age: _____ Grade: _____

SCHOOL NAME _____ Teacher's Name: _____

SECTION A

Does the student have a disability? Yes _____ No _____

If yes, describe the major life activities affected by the disability.

If yes, does the student have special nutritional or feeding needs? Yes _____ No _____

If yes, complete Section C and Section D.

Completion of this section will require a meeting between the parent, the Food Service Director, and the School Nurse)

SECTION B

If the student does not have a disability, does he/she have special nutritional or feeding needs? Yes _____ No _____

If yes, complete Section C and Section D.

SECTION C

Provide the diet prescription: (attach a list of foods to be omitted and/or substituted, if needed)

List foods that need to be modified in texture. If all foods need to be prepared in this manner, indicate "all".

Chopped: _____

Ground: _____

Pureed: _____

Add any other comments regarding the student's eating or feeding patterns.

List any food allergies to avoid.

Section D

Parent's Signature _____ Phone Number _____ Date _____

I certify that the above named student needs special school food as described above,

Physician's Signature _____ Office Number _____ Date _____

For School Use Only

Date Entered into DSMP _____ Manager's Signature _____

(Form must be submitted for the current school year)