



**MONROE-WOODBURY**  
CENTRAL SCHOOL DISTRICT  
Education Center, 278 Route 32, Central Valley, New York 10917

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1 de agosto de 2021

## SERVICIOS DE COMIDAS A NIÑOS CON DISCAPACIDADES

Estimado padre / tutor:

El Programa Nacional de Almuerzos Escolares (NSLP) y el Programa de Desayunos Escolares (SBP) tienen como objetivo proporcionar a todos los niños participantes, independientemente de su origen, las comidas nutritivas que necesitan para estar saludables. Esto incluye garantizar que los niños con discapacidades tengan la misma oportunidad de participar y beneficiarse del NSLP y SBP.

Las regulaciones federales requieren que las escuelas e instituciones sirvan comidas sin costo adicional a aquellos niños cuya discapacidad restringe su dieta de tal manera que no pueden participar plenamente en el programa de servicio de alimentos sin alguna modificación a los alimentos ofrecidos o al menú programado. Si cree que su hijo necesita sustituciones debido a una discapacidad, comuníquese con nosotros para obtener más información. Debe solicitar modificaciones en las comidas de la escuela y proporcionar a la escuela una declaración médica de un profesional de la salud con licencia estatal. Esta declaración médica debe contener, entre otros, lo siguiente:

- Información sobre el impedimento físico o mental del niño que sea suficiente para permitir que la escuela comprenda cómo restringe la dieta del niño,
- Una explicación de lo que se debe hacer para adaptarse a las necesidades dietéticas especiales del niño,
- Los alimentos que se omitirán y las alternativas recomendadas, en el caso de una comida modificada.

Si tiene preguntas sobre la necesidad de modificaciones en las comidas, comuníquese con la Oficina de Servicios de Alimentos al (845) 460-6200 para obtener más información.

Atentamente,

Aldis Ansons, Director de Servicios de Alimentos

### **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, audiotope, 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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**MONROE-WOODBURY CSD - FOOD SERVICES**  
**DIET PRESCRIPTION FOR SPECIAL MEALS FORM**  
**SCHOOL YEAR 2021-22**

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)**