



Meal Accommodations in School Nutrition Programs

Maine Department of Education
Child Nutrition Programs




Laws and Regulations

Protecting the rights of children with disabilities:

- ▶ Section 504 of the Rehabilitation Act of 1973
- ▶ Americans with Disabilities Act
- ▶ Individuals with Disabilities Education Act
- ▶ 7CFR 15b
- ▶ Section 9(a) of the Richard B. Russell National School Lunch Act, 42 USC 1758(a)



USDA Memo SP59-2016

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- Schools must make reasonable accommodations for students with a disability when they have a complete medical statement signed by a licensed medical authority
 - Most physical & mental impairments constitute a disability. The focus should not be IF a student has a disability, but on...
 - Ensuring equal opportunity to participate in the school meal program



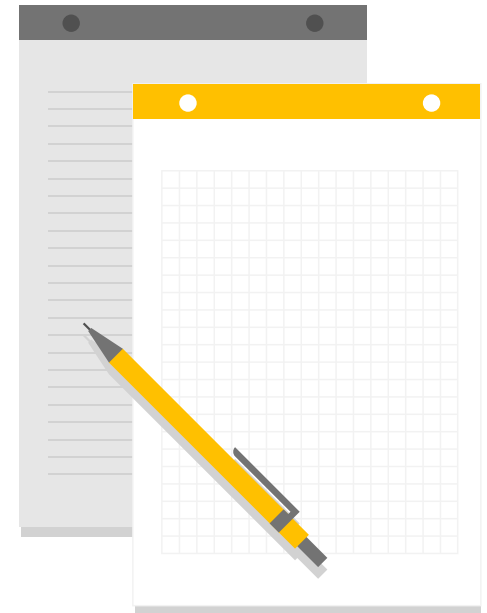
Medical Statement

- ▶ A form for requesting dietary accommodations in school meal programs that provides guidance & record keeping
- ▶ Must provide clear instructions:
 - ✓ Sufficient information to allow the SFA to understand how the impairment restricts the child's diet.
 - ✓ An explanation and instruction of how to make the accommodation.
 - ✓ The food or foods to be omitted and/or substituted from the child's diet
- ▶ Must be signed
 - ✓ licensed physician
 - ✓ Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner, & Physician's Assistant



IEP/504 Plan

- If an IEP/504 plan contains the same information that is required on a medical statement, it is not necessary to obtain a medical statement



Medical Statement Template

www.maine.gov/doe/schools/nutrition/programs/nslp

Medical Statement to Request School Meal Modification

Important! Select the appropriate meal modification category from the three listed below. Then carefully read and follow the procedures for that category. The school will return completed Medical Statements to the parent/guardian. If you have questions about the form, the school contact named in Part A below will assist you.

- 1. Modification due to a disability.**
 - A school is required to make meal modifications prescribed by a licensed physician to accommodate a student's disability. See the definition of disability on the back of this form.
 - Part B of this form must be completed by a licensed physician (MD or DO).
 - Parts A and C of this form must also be completed before the school can make meal modifications.
 - The meal modifications will continue until a licensed physician instructs that the modifications be changed or stopped on Form 15-C, which is available from the school.
 - It is strongly recommended that a licensed physician annually update the prescribed diet order.
- 2. Modification due to a food allergy/intolerance, or other medical condition that does not rise to the level of a disability.**
 - A school has the option to make meal modifications prescribed by a medical authority due to a food allergy/intolerance or other medical condition that does not rise to the level of a disability.
 - Part B of this form must be completed by a medical authority, who is a licensed physician (MD or DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP).
 - Parts A and C of this form must also be completed before the school can make meal modifications.
 - If a school chooses to make the meal modifications, they will continue until a medical authority requests that the modifications be changed or stopped on Form 15-C, which is available from the school.
 - It is strongly recommended that a medical authority annually update the prescribed diet order.
- 3. Substitution for food items with due to lactose intolerance, allergy, vegan diet, religious, ethnic or cultural reasons.**
 - A school has the option to make substitution for food items with that is requested by a parent/guardian, but that is not prescribed by a medical authority.
 - Parts A and C of this form must be completed before the school can make a substitution for food items with.
 - If a school chooses to provide such a substitution, they will continue until a parent/guardian requests that the substitution be changed or stopped on Form 15-C, which is available from the school.

Part A. Student, Parent/Guardian & School Contact Information - To be completed by a parent/guardian or school contact person		
Student's Name	Date of Birth	School
Parent/Guardian's Name	Parent/Guardian's Phone	
School Contact's Name	School Contact's Phone	

Part B. Prescribed Diet Order - This part must be completed by a medical authority as specified above.	
1. Check ONE <input type="checkbox"/> Disability OR <input type="checkbox"/> Food allergy/intolerance or other medical condition that does not rise to the level of a disability	
2. Specify the disability, food allergy/intolerance or medical condition related to the prescribed diet order.	
3. If the student has a disability, what major life activity is affected? (Example: Allergic persons effects ability to breathe.)	
4. Type of Special Diet <input type="checkbox"/> Check if not applicable OR specify the type of special diet (e.g. low sodium, gluten-free, diabetic, etc.)	
5. Modified Recipe <input type="checkbox"/> Not Applicable <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	

05/2013 Child Nutrition & Wellness, Kansas State Department of Education Form 15-B



Do you have a signed medical statement
from a licensed medical authority?



YES



No

Do you have a signed medical statement from a licensed medical authority?

YES

Must accommodate the request

Cannot use OVS to make the accommodation

Meal does not have to meet meal pattern requirements

Cannot charge extra



Medical Statement

- Your job is to provide the meal as described
- Never revise or modify the information on the medical statement!
- If information is unclear, contact the parent/guardian or school nurse for contact information for someone who can clarify the diet order



Medical Statement

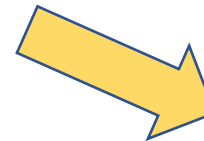
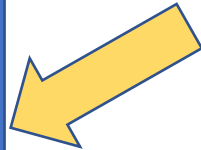
- Does not need to be updated on a yearly basis
- It is okay to check with the nurse or household
 - Children may outgrow intolerances
 - Diet therapy may change over time

Do you have a signed medical statement from a licensed medical authority?



No

Not required to accommodate



Use OVS to accommodate

If accommodating, develop a policy

Meal pattern requirements must be followed*

*includes religious & personal preferences

Fluid Milk Substitutes



Fluid milk substitutes may be requested in writing by a parent/guardian



Must be nutritionally equivalent to cow's milk



May not substitute juice or water



What Do You Think?

9th Grader

Have a signed
medical
statement
(celiac/GF)

Student
selects:
chicken patty,
GF bun, ½
cup broccoli

Reimbursable!



What Do You Think?

Note from
parent
indicating
lactose
intolerance

8-ounce
orange juice
offered

Reimbursable
?

Not Reimbursable!



Household Notification

Notify households:

- ▶ The process for requesting meal modifications
- ▶ Non-discrimination
- ▶ Contact person for providing modifications
- ▶ When supporting documentation is needed
- ▶ Your timeline
- ▶ SFAs process for handling non-disabling modification requests



Considerations

SFAs Must:

Provide an integrated setting

Not exclude a student from meal service

The SFA is NOT required:

To provide specific brands

Must provide a reasonable alternative

Accommodations not required:

Food preferences

Vegetarian/Religious preferences

Communication is Key!



Parents

- Learn about local policies
- Discuss their student's needs
- Offer suggestions for how they accommodate at home



Parents/Students

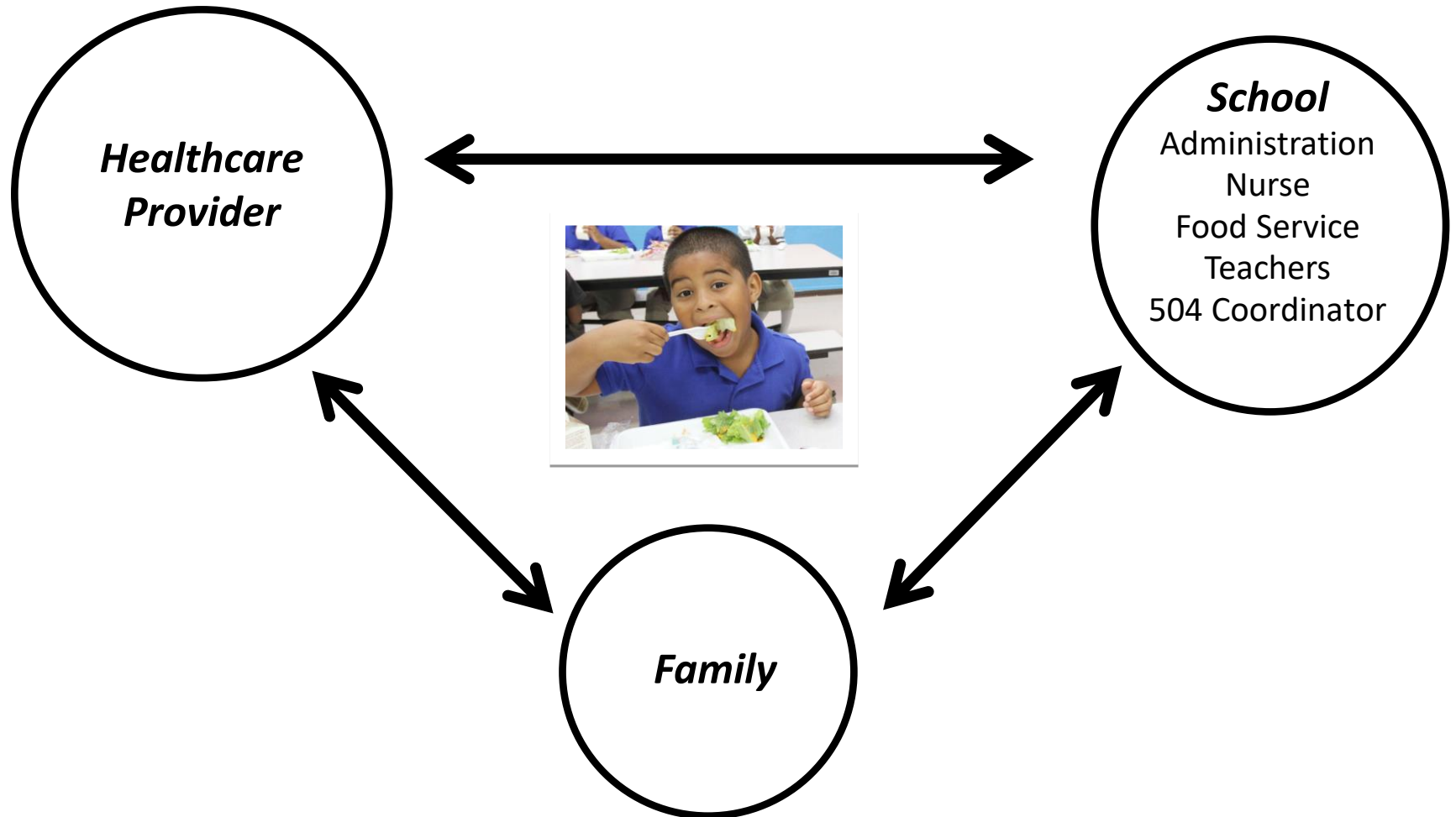
- Tour the kitchen
- Meet FS staff
- Review menus
- Communicate with FS when they will/will not be eating



Food Service

- Let student know what to expect
- Make every effort to accommodate
- Maintain confidentiality

The Partnership



Questions?

