Special Diet Statement

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet: School Nutrition Program -7 CFR 210.10(m), Child and Adult Care Food Program -7 CFR 226.20 (g), Summer Food Service Program - 7 CFR 225.16(f)(4). According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that do not constitute a disability, including requests related to religious or moral convictions or personal preference. If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. Updates to this form are required only when a participant's needs change.

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-reduced milk without a

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Submit this completed special diet statement to:	
Today's Date:	
al	
Date of Birth:	
Work Phone Number:	
ion	
the participant:	
ch a sheet with additional instructions as needed.	
Foods to be Substituted	
te-Sized Pieces Other:	
describe):	
i -	

Signature

Licensed physician, physician assistant, or advanced pra sign and retain a copy of this document.	ctice registered nurse such as a certified nurse practitioner must
Prescribing Authority Credentials (print):	Date:
Signature:	Clinic/Hospital:
Phone Number:	Fax Number:
Voluntary Authorization	
Note to Parent(s)/Guardian(s)/Participant: You may aut Diet Statement with the physician by signing the followi	horize the director of the school/center/site to clarify this Specialing Voluntary Authorization section:
Family Educational Rights and Privacy Act I hereby auth (physician/medical authority name) to release such propurpose of Special Diet information to the physician/medical authority to freely exchange the concerning me, with the program as necessary. I under impact on the eligibility of my request for a special dier information may be rescinded at any time except when permission to release this information will expire on for the specific purpose of Special Diet information. The	rotected health information as is necessary for the specific (program name) and I consent to allow information listed on this form and in their records rstand that I may refuse to sign this authorization without
Parent/Guardian:	Date:
OR Participant's Signature (Adult Day Care):	

Non-Discrimination

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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) <u>found online</u> (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: <u>program.intake@usda.gov</u>

This institution is an equal opportunity provider.