

INSTRUCTIONS FOR MEAL CHANGE REQUEST FORM

Important! Select the applicable meal modification category (see #1 and #2 below). Next, read carefully and follow the steps for that type of application. If the form is incomplete, the school/agency will follow up with the parent/guardian on the application. **It is recommended that you keep a copy of the completed form.** If you have any questions about this form, please contact the school/agency.

Definitions: An "agency" can be a school, child care center, adult day care center, child care home, sponsoring organization, or institution. A "participant" would be a student, child, or adult (in a daycare) who receives meals at an agency.

Note to Parent/Guardian/Participant: As required in FNS Instruction 783, Rev. 2, Section V Cooperation: When working with a meal change request, food service staff should work closely with parents/guardians/participants or responsible family members and all other medical and community personnel who are responsible for health, the well-being and education of a participant with a condition that limits the main activity of life to ensure that reasonable steps are taken that will allow the person's participation in meal service.

1. Requesting a meal change due to a condition that limits a major life activity:

- A school/agency is required to provide a meal change for a condition that limits major life activity. See the "Definition of Disability" below. A participant does not need to be labeled as "disabled" to need a meal change.
- A meal change request must be signed by a recognized medical authority (licensed prescriber).
- Parts A and C (optional) of this form must be completed by the parent/guardian/participant.
- Part B of this form must be completed by a recognized medical authority.
- If a signed meal change form is requested, the school/agency must provide the alternative meal pending the signed form.
- The special diet request will continue until a parent/guardian/recognized medical authority tells the school/agency that the change request is no longer necessary. Documentation may be required to finalize the meal change.
- It is strongly recommended that parents/guardians update the special diet order annually.
- A parent/guardian who is MD, DO, PA, CNS, or CNM can sign their own child's meal change request.

The term "disability" means, with respect to an individual

- a. A physical or mental impairment that substantially limits one or more major life activities of that person;*
 - i. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, feeding, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.*
 - ii. A major life activity also includes the operation of an important bodily function, including, but not limited to, immune system functions, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.*
- b. A record of such impediment; or*
- c. That he is considered to have such an impediment*
 - i. An individual meets the "having such impairment" requirement if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment, whether the impairment limits or is perceived to limit a major life activity.*

2. Request for food change due to a lifestyle choice, general health issue, etc.:

- A school/agency is not required to provide a meal change for requests that are based on lifestyle choices, general health issues, etc., and a major life activity is not affected.
- A meal change request must be signed by a recognized medical authority (licensed prescriber).
- Parts A and C (optional) of this form must be completed by the parent/guardian/participant.
- Part B of this form must be completed by a recognized medical authority.
- If a signed meal change form is requested, the school/agency must provide the alternative meal pending the signed form.
- The special diet request will continue until a parent/guardian/recognized medical authority tells the school/agency that the change request is no longer necessary. Documentation may be required to finalize the meal change.
- It is strongly recommended that parents/guardians update the special diet order annually.
- A parent/guardian who is MD, DO, PA, CNS, or CNM can sign their own child's meal change request.

MEAL CHANGE REQUEST FORM

*Keep a copy of the completed form for your records.

Please return this form to BV's Child Nutrition Department
(301 S. Splitrock Blvd, Brandon, SD 57005)

or by fax to our office, Attn: CNS Department, at 605-582-3928

Part A – Participant, Parent/Guardian, and School/Agency Contact Information –

Must be completed by a **parent/guardian** or school/agency contact person:

School/Agency Name

Name of school/educational center

Participant's Name

Date of birth

Parent/Guardian Name

Parent/Guardian Phone

Today's Date

Part B – Changing Meals –

It must be completed by an **authorized medical authority** as defined above.

Check one:

☐ one. The participant has a condition that limits a major life activity. (see examples on the right)

☐ b. The participant does not have a condition that limits a major life activity.

Major life activities include: caring for yourself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, talking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major life activities also include: immune system functions, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please state the condition, food allergy/intolerance, medical condition, or reason for a meal change/request (use additional pages if necessary):

If the participant has a condition that limits a major life activity, please provide a brief description of the major life activity affected by the condition (example: peanut allergy affects the ability to breathe):

☐ Check if it is not applicable.

Modified texture:

☐ Not applicable

☐ Chopped

☐ Earth

☐ Puree

Modified thickness:

☐ Not applicable

☐ Nectar

☐ Honey

☐ spoon or thick

pudding

Foods to be omitted and substituted: (List the specific foods that should be omitted and suggested substitutions. You may sign and attach a sheet with additional information as needed.)

A. Foods to Skip

(Please be specific. Example: If allergic to dairy intolerance, can the student eat cheese, yogurt, cheese, yogurt, etc.)

B. Suggested substitutions

(Note that if a milk substitution does not meet the equivalent nutrient profile of liquid cow's milk, a major life activity must be involved, and a medical authority must complete and sign the form.)

Additional information (special feeding equipment, type of meal modification, etc.):			
Preparer's signature	Printed Name	Phone Number	Date
Signature of the Medical Authority	Printed name and title	Phone Number	Date
Part C – Optional Parent/Guardian Permission – <i>Must be completed by the parent/guardian</i>			
I give permission for the school/agency personnel responsible for implementing my child's special diet to discuss my child's special dietary accommodation with any appropriate school/agency personnel and follow the special diet for my child's school agency meals. I also give permission for my child's medical authority to further clarify the special diet on this form that is requested by school/agency staff.			
Parent/Guardian Signature			Date

Questions? Contact the Brandon Valley Child Nutrition Department at 605-582-3926.

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