

Medical Statement to Request Diet Modification

Federal Child Nutrition Programs must make reasonable modifications to accommodate children with disabilities as defined by federal law. Submit completed form to: *Shawn Perry* at perrysh@spsdme.org. Incomplete forms will be returned to the parent/guardian. Any changes require the submission of a new form.

Section I. To be completed by Parent/Guardian		
Student Name:	DOB:	School:
Parent/Guardian Name:	Parent/Guardian Phone:	
Section II. To be completed by the student's licensed medical provider authorized to write medical prescriptions (M.D., D.O., PA, Nurse Practitioner). Incomplete responses may delay the ability to provide the requested accommodation. All questions must be answered completely.		
1. Describe the major life activity or major bodily function affected by the student's physical or mental impairment that restricts the diet:		
2. Explain in detail the special diet being requested:		
3. List the Foods/ingredients to be Omitted:	4. List the Foods to be Substituted:	
I certify that the above-named student needs modified school meals as described above because of a disabling medical condition which affects their diet.		
Signature of Licensed Medical Provider:		Date:
Printed Name:	Clinic/Hospital:	Phone:
Parent/Legal Guardian Permission		
I give permission for the above named school/district to follow the specified dietary instructions on this form and agree to allow the school/district to share this information with school nutrition program staff and the school nurse. I agree to allow the provider listed on this form and school/district personnel to discuss the information listed on this form.		
Parent/Legal Guardian Signature & Date:		

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

(2) fax:

(833) 256-1665 or (202) 690-7442; or

(3) email:

program.intake@usda.gov

This institution is an equal opportunity provider.

(Federal statement updated 5/18/2022)

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.