

# Anselmo-Mema School Food Service

Dear Parent or Guardian:	
It has come to our attention that your student may require a dietary modification. Please review the	
enclosed materials we have gathered to help facilitate the process; they are designed to give you a government of the process and many outcomes. Federal regulations and state law require specific	3000

enclosed materials we have gathered to help facilitate the process; they are designed to give you a good overview of the process and menu outcomes. Federal regulations and state law require specific documentation for diet modifications if they are to be addressed and monitored by the School Food Service. We request that you obtain and submit the required documentation to be kept on file for your student.

#### **Materials Enclosed**

Date:

- 1. Physician certification forms that are required by the state of Nebraska:
  - a. Request for Meal Accommodations Form Completed by parents/guardians to assist food service if accommodations are available.
  - b. Medical Statement for Students Requiring Special Meals form to be completed by a Health Care Professional if the condition is medically related.

It is important to note that the request can't be addressed by school food service without your physician filling out the forms completely including: Physical/mental impairment, dietary restrictions, and details on foods to avoid and substitute.

- 2. **Definition of Disability:** This should be used by your physician to verify what "major life activity" is impaired. Please note that The Americans with Disabilities Act (ADA) Amendments Act of 2008 made important changes to the meaning and interpretation of the term "disability" under the ADA and under Section 504 of the Rehabilitation Act of 1973. These changes were intended to restore the broad scope of the law by making it easier for individuals to establish that they have a disability.
- 3. Nutritional Information Limitations and Terms: This document identifies the limitations school food service has in accurately providing nutritional and or allergen information on products we purchase from food service suppliers. Your family should read over this information carefully to be fully informed on these limitations. We ask that you acknowledge your understanding of this information and your agreement to these terms of information usage with the signature of a parent or guardian.

### **Outcomes of the Process**

We feel it is important to understand the outcomes of the process in terms of your student's menu. Because of the difficulty in administering special diets, meal variety may be limited for your student with a certified disability. If after reviewing the Nutritional Information Limitations and Terms, the parent or guardian agrees to those terms, school food service will work with you to provide additional options to your student's menu.

If your family is not comfortable with those terms, school food service will of course provide the one alternative meal as required by the USDA and the National School Lunch Program.

Depending on the dietary modification and the age of the student, we have found that some students prefer to monitor their own diet by choosing what they will eat each day. If you would like to allow your student to be responsible for his or her own diet by making their own choices, please ask the physician to indicate this on the form. We have also had some physicians specify that the student should monitor his/her own diet restrictions, but that the School Food Service should ensure that alternate choices are available on the menu.

If you are requesting that we provide ingredient or nutritional information with which to make these daily choices, please review the Nutritional Information Limitations and Terms and acknowledge your understating with a signature from a parent or guardian.

Please be sure your student's physician completes the medical statement form and return the	
completed form to the Food Service office, located at	

Sincerely,	

Ryndi Keezer Food Service Director Lunchtime Solutions (712) 499-0046 Cell

Food Service Director

#### MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for school meals (SP 59-2016). Therefore, in order to meet your child's needs, this form must be completed and returned to the school. The form must be completed by a State Licensed Health Care Professional (Physician (MD or DO), Physician's Assistant (PA), Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), or Chiropractor. A Licensed Medical Nutrition Therapist (LMNT) may also complete and sign when acting under the consultation of the licensed physician.

Name of Child:	·	Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Description of student's physical or mental impairment that restr	icts the diet:	
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:	If applicable, list foods to substitute:	
Texture Modifications:	Thickness Modifications:	
Signature of State Licensed Health Care Professional:	Name of referring physician working	with LMNT (if applicable):
Printed Name and Title:	Phone Number:	Date:

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. Individual 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) found online at: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust\_html">http://www.ascr.usda.gov/complaint\_filing\_cust\_html</a> 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:

- 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

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Internal Use - School Information
Return to:
Phone number:
Date form received by school:
Follow-up:



## **Request for Meal Accommodation**

This form may be used to request meal modifications for students who have a physical or medical impairment and participate in the National School Lunch & School Breakfast Programs. The district will work collaboratively with parents to ensure equal opportunity to participate in the School Meal Programs and receive program benefits. However, if the district is unable to accommodate your student's request within the meal pattern requirements; a *Medical Statement* completed by a State licensed Medical Professional will be needed (SP 59-2016).

#### Parent/Guardian:

Completing the *Request for Meal Accommodation* form helps the school provide meal modifications within the meal pattern requirements for students with a mental or physical impairment. Your participation in this process is very important and communication with the school team allows for advanced planning and preparation needed to provide the accommodation. The district is not required to provide a specific substitution (such as a particular brand name), but offer a <u>reasonable modification</u> that effectively accommodates your child's needs.

Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Specify any dietary restrictions or special instructions for meals:		
Describe the student's physical or mental impairment:		
IMPORTANT: The only fluid cow's milk substitutions allowed by USDA are (1) Lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. To see the non-dairy beverages that meet the this requirement visit <a href="https://www.education.ne.gov/ns/forms/nslpforms/SPdietMilkSub.pdf">https://www.education.ne.gov/ns/forms/nslpforms/SPdietMilkSub.pdf</a>		

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- 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

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Internal Use - School Information
Return to:
Phone number:
Date form received by school:
Follow-up:



Student Name: Allergen:	Anna de la compansa d
Nutritional Information - Limitations and Terms	
Institute Metric School District and its food service contractor Lunchtime Solutions (the contractor able to provide nutritional information to students, parents, faculty or staff of or school districts request. This information is limited, and is intended as a general guide to help individuals make chefor products and recipes that they choose from the menu. You may wish to utilize the services registered dietitian or healthcare provider if you are screening menus, recipes, or individual products a particular nutrient value, or for a food allergen. By requesting and receiving this information you that:	upon oices of a ts for
The contractor's nutritional analysis is based on the information provided by their suppliers; manufacturers and distributors. The information provided by these manufacturers and distribution is reviewed regularly by the contractor and is believed to be as current and as accurate as pos	utors
The contractor's food service suppliers, both food manufacturers and or food service distribution may change finished products or product ingredients without notice to their customers foodservice operators. Those ingredient or product changes may significantly alter the nutritivalues of recipes that we may serve. Variance in shop and kitchen conditions, as well as the usubstituted ingredients may affect the nutritional profile of the finished recipes.	and tional
Ingredients and food service finished product manufacturers routinely label products for alle that are present. The information provided to you by the contractor is believed to be accepased upon the supplier information at the time of the informational request. Because suppliers to the contractor may change ingredients without notice, screening of products at recipes for specific allergens including, but not limited to, peanuts, eggs, fish, shellfish, tree such as walnuts and pecans, milk, wheat and soybeans, and their byproducts, may not be accepted.	food nd or nuts
Because of those variances outside of the control of District or its contractor, Lunchtime Solu neither the Monday Management of District nor its contractor can guarantee nor shall be for the accuracy of nutritional information or allergen screening information that is provided	liable
The District does not warrant that the food served will be free of these allergens, as food sup of our contractor may change ingredients without notice. By signing this acknowledgement agree that you have read this agreement and that the information provided hereunder does constitute a warranty that the nutritional information is completely accurate or that food swill be free of allergens.	t, you s not
l agree to the above limitations of the information provided to me by the Anxima Muna_School Di	strict.
Signature Date:	

Print Name:

Student Name:	Allergy:
Nutritional i	nformation - Limitations and Terms
school districts upon request. This individuals make choices for products utilize the services of a registered dies	e nutritional information to students, parents, faculty or staff of or information is limited, and is intended as a general guide to help and recipes that they choose from the menu. You may wish to titian or healthcare provider if you are screening menus, recipes or utrient value, or for a food allergen. By requesting and receiving
manufacturers and distributo	is is based on the information provided by their suppliers; food ors. The information provided by these manufacturers and larly by the contractor and is believed to be as current and as
may change finished products foodservice operators. Those values of recipes that we may	pliers, both food manufacturers and/or food service distributors, or product ingredients without notice to their customers and ingredient or product changes may significantly alter the nutritional serve. Variance in shop and kitchen conditions, as well as the use affect the nutritional profile of the finished recipes.
that are present. The informate based upon the supplier info suppliers to the contractor materials for specific allergens in	nished product manufacturers routinely label products for allergens ation provided to you by the contractor is believed to be accurate rmation at the time of the informational request. Because food by change ingredients without notice, screening of products and or including, but not limited to, peanuts, eggs, fish, shellfish, tree nuts milk, wheat and soybeans, and their byproducts, may not be
Solutions, neither the district	tside of the control of school district or its contractor, Lunchtime nor its contractor can guarantee nor shall be liable for the accuracy lergen screening information that is provided.
of our contractor may change agree that you have read this	nat the food served will be free of these allergens, as food suppliers ingredients without notice. By signing this acknowledgement, you agreement and that the information provided hereunder does not nutritional information is completely accurate or that food served
I agree to the above limitations of the	information provided to me by Lunchtime Solutions.
Signature	Date:

Print Name: