

## MEAL CHANGE REQUEST FORM INSTRUCTIONS

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

**Definitions:** An 'agency' might be a school, childcare center, adult day care center, childcare home, sponsoring organization, or institution. A 'participant' would be a student, child, or adult (in a day care setting) 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 the parent(s) / guardian(s) / participant(s) or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a condition that limits major life activity to ensure that reasonable steps are taken that will allow the individual's participation in the meal service.

### 1. Meal Change Request 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 having a 'disability' to need a meal change.
- A meal change request must be signed by a recognized medical authority (practitioner authorized to write prescriptions).
- Part A and C (optional) of this form should 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 alternate 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 needed. Documentation to end the meal change may be requested.
- It is strongly recommended that parent(s) / guardian(s) annually update the special diet order.
- A parent/guardian who is an MD, DO, PA, CNS, or CNM may sign his/her 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 such individual;*
  - i. Major life activities include, but are not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.*
  - ii. A major life activity also includes the operation of a major bodily function, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.*
- b. A record of such impairment; or*
- c. Being regarded as having such an impairment*
  - i. An individual meets the requirement of "being regarded as having such an impairment" 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. Meal Change Request due to a lifestyle choice, general health concern, etc.:

- A school/agency is not required to provide a meal change for requests that are based on lifestyle choices, general health concerns, etc. and a major life activity is not affected.
- A meal change request must be signed by a recognized medical authority (practitioner authorized to write prescriptions).
- Part A and C (optional) of this form should 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 alternate 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 needed. Documentation to end the meal change may be requested.
- It is strongly recommended that parent(s) / guardian(s) annually update the special diet order.
- A parent/guardian who is an MD, DO, PA, CNS, or CNM may sign his/her 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 Child Nutrition Department  
(2001 S. Sioux Blvd, Brandon, SD 57005)  
or fax to our office, attn: CNS Department, at 605-582-8012

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

To be completed by a **parent/guardian** or school/agency contact person –

School/Agency Name

Site/School Name

Name of Participant

Date of Birth

Name of Parent/Guardian

Parent/Guardian Telephone

Today's Date

### Part B – Meal Change –

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

Check One:

☐ a. Participant has a condition which limits a major life activity. (see examples to right)

☐ b. Participant does not have a condition which limits a major life activity.

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

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

**State the condition, food allergy/intolerance, medical condition, or reason a meal change is required/requested** (use extra pages if needed):

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

☐ Check if not applicable.

**Modified Texture:**

☐ Not Applicable

☐ Chopped

☐ Ground

☐ Pureed

**Modified Thickness:**

☐ Not Applicable

☐ Nectar

☐ Honey

☐ Spoon or Pudding Thick

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

#### A. Foods To Be Omitted

(Please be specific. Example: if dairy intolerance allergy, can student have cheese, yogurt, baked in, etc.)

#### B. Suggested Substitutions

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

<b>Additional Information</b> (special feeding equipment, type of meal modification, etc.):			
<b>Signature of Preparer</b>	<b>Printed Name</b>	<b>Telephone Number</b>	<b>Date</b>
<b>Signature of Medical Authority</b>	<b>Printed Name and Title</b>	<b>Telephone Number</b>	<b>Date</b>
<b>Part C – Optional Parent/Guardian Permission – To be completed by <u>parent/guardian</u></b>			
I give permission for school/agency personnel responsible for implementing my child's special diet to discuss my child's special dietary accommodation with any appropriate school/agency staff and to 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 is requested to do so by school/agency personnel.			
<b>Parent/Guardian Signature</b>			<b>Date</b>

**Questions? Please contact the Brandon Valley Child Nutrition Department at 605-582-3926.**

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