SPECIAL DIETS

POTENTIAL NEW SPONSOR WORKSHOP SPRING 2021
Click on the link below to access the recorded training:

https://alsde.webex.com/alsde/lsr.php?RCID=07bc9b888b904a958d07ebee9e2937bf
AGENDA

• REQUIREMENTS
• WRITTEN MEDICAL STATEMENT
• ACCOMMODATIONS NOT REQUIRED
• DIET PRESCRIPTION FORM
WHAT IS THE CENTRAL CONCERN IN ACCOMMODATING SPECIAL DIETS?

TO ENSURE THAT CHILDREN WITH DISABILITIES HAVE AN EQUAL OPPORTUNITY TO PARTICIPATE IN AND BENEFIT FROM THE NSLP AND THE SBP!
USDA REQUIRES DISTRICTS TO:

• PROVIDE SPECIAL MEALS, **AT NO EXTRA CHARGE**, TO CHILDREN WITH A DISABILITY WHEN THE DISABILITY RESTRICTS THE CHILD’S DIET. (7 CFR 15B.26(D))

• MAKE SUBSTITUTIONS TO MEALS TO ACCOMMODATE CHILDREN WITH DISABILITIES THAT RESTRICT THEIR DIET. (7 CFR 210.10(M) AND 220.8(M))

• ONLY WHEN SUPPORTED BY A WRITTEN STATEMENT FROM A STATE LICENSED HEALTHCARE PROFESSIONAL (PHYSICIAN, NP, PA) WHO IS AUTHORIZED TO WRITE MEDICAL PRESCRIPTIONS UNDER STATE LAW.
SFAS MUST REQUIRE A WRITTEN MEDICAL STATEMENT IN ORDER TO RECEIVE REIMBURSEMENT FOR MEALS SERVED TO CHILDREN WITH DISABILITIES THAT DO NOT MEET PROGRAM MEAL PATTERN REQUIREMENTS.
WHAT MUST BE INCLUDED IN A WRITTEN MEDICAL STATEMENT?

• A DESCRIPTION OF THE CHILD’S IMPAIRMENT THAT IS SUFFICIENT TO ALLOW THE CAFETERIA TO UNDERSTAND HOW IT RESTRICTS THE CHILD’S DIET

• AN EXPLANATION OF WHAT MUST BE DONE TO ACCOMMODATE THE DISABILITY

• THE FOOD OR FOODS TO BE OMITTED AND RECOMMENDED ALTERNATIVES, IN THE CASE OF A MODIFIED MEAL

• *IT IS NOT NECESSARY TO OBTAIN A SEPARATE MEDICAL STATEMENT IF THE CHILD’S IEP OR 504 PLAN INCLUDES THE INFORMATION REQUIRED IN THE MEDICAL STATEMENT*
WHEN IS ACCOMMODATION NOT REQUIRED?

WHEN IT IS NOT A DISABILITY, SUCH AS:

• RELIGIOUS PREFERENCE
• CULTURE PREFERENCE
• FOOD PREFERENCES
Diet Prescription for Meals at School

This file is to be maintained for use within the school cafeteria.

Student's Name: ____________________________
Name of School: ____________________________

*To be completed by a Licensed Physician, Licensed Physician's Assistant, or Nurse Practitioner*

Student’s Diagnosis (optional): _______________________________________________________
Major life activity affected by the disability: _____________________________________________

Diet Prescription: Please attach additional instructions if necessary. Be specific with instructions. This
form is used to provide guidance for cafeteria staff.

Foods to Omit (Due to Allergy or Sensitivity)

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<th>Food to Omit</th>
<th>Food(s) to Substitute</th>
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**If foods are food to be omitted from the diet, specifics on foods to substitute MUST be provided.**

Other Diet Modifications (Check All that Apply):

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<th>Special Diet</th>
<th>Information Required</th>
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State Licensed Healthcare Professional Signature ____________________________ Date ___________
DIET PRESCRIPTIONS

- Diet modifications ordered by a licensed healthcare professional (NP, PA, physician) must be honored
  - Keep documentation on file
  - Cannot use OVS to avoid offering a substitution
- Cultural or religious requests can be made, but do not have to be honored
- Guidance:
  - SP40-2017
  - SP59-2016
- Webinar provided by the state on the ALSDE website
QUESTIONS

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 USDA Program Discrimination Complaint Form, (AD-3027) found online at: 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: program.intake@usda.gov. This institution is an equal opportunity provider.