

## Diet Modification Request Form

Modifications are required by The United States Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. "Major life activities" are broadly defined and 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. "Major life activities" also include 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.

This form must be completed by a "medical authority" that is authorized by state law to write medical prescriptions: In Iowa this includes only Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician's Assistants (PA), or Advanced Registered Nurse Practitioners (ARNP).

Return the completed form to your organization or provider: \_\_\_\_\_  
*(Head Start, Summer Meal Provider, Day Care, Home Provider, or School)*

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
*(Name) (Phone or email)*

1) Describe the medical need related to the diet order and "major life activity" (see above) affected. <i>Example: Allergy to peanuts affects ability to breathe.</i>	
2) Explain what must be done to accommodate the medical need:	
Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:
<b><i>Complete the back to provide additional details</i></b>	
Modified Texture:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed
Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon or Pudding Thick
Special Feeding Equipment:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Equipment Needed: _____ <i>(Example: large handled spoon, sippy cup, etc.)</i>
Infants under one year of age must receive iron-fortified infant formula or breast milk unless a Diet Modification Request Form is on file.	

Licensed prescribing medical professional: \_\_\_\_\_  
*(Name, print or type) (Title)*

\_\_\_\_\_  
*(Signature of medical professional) (Date)*

**The program must make accommodations for disabilities. Accommodation is encouraged for other medical conditions.**

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without direction from a medical professional. This site chooses to offer this nutritionally equivalent product: \_\_\_\_\_. Check here if you would like to request the milk substitute listed in place of fluid milk and list the reason for the request.  \_\_\_\_\_

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods:

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(To document choices and permission to share with appropriate staff as needed to make accommodations.)*

This institution is an equal opportunity employer and provider.

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p><b>Lactose/milk – Do not serve the items checked below:</b></p> <p><input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no</p> <p><input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> Milk based desserts such as ice cream and pudding</p> <p><input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni &amp; cheese</p> <p><input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza</p> <p><input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich</p> <p><input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers</p>	<p><b>Serve these items instead:</b></p>
<p><b>Soy - Do not serve the items checked below:</b></p> <p><input type="checkbox"/> Protein products extended with soy</p> <p><input type="checkbox"/> Processed items cooked in soy oil</p> <p><input type="checkbox"/> Food products with soy as one of the first three ingredients</p> <p><input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list</p>	<p><b>Serve these items instead:</b></p>
<p><b>Egg - Do not serve the items checked below:</b></p> <p><input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold</p> <p><input type="checkbox"/> Eggs used in breading or coating of products</p> <p><input type="checkbox"/> Baked products with eggs such as breads or desserts</p>	<p><b>Serve these items instead:</b></p>
<p><b>Seafood – Do not serve the items checked below:</b></p> <p><input type="checkbox"/> Fish (Cod, tuna, tilapia, haddock, salmon, etc.)</p> <p><input type="checkbox"/> Shrimp</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Serve these items instead:</b></p>
<p><b>Peanuts – Do not serve the items checked below:</b></p> <p><input type="checkbox"/> Peanuts, individually or as an ingredient</p> <p><input type="checkbox"/> Foods containing peanut oil</p> <p><input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts</p>	<p><b>Serve these items instead:</b></p>
<p><b>Tree nuts – Do not serve the items checked below:</b></p> <p><input type="checkbox"/> All nuts</p> <p><input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Serve these items instead:</b></p>
<p><b>Grains – Do not serve the items checked below:</b></p> <p><input type="checkbox"/> Foods containing wheat</p> <p><input type="checkbox"/> Foods containing gluten</p> <p><input type="checkbox"/> Oats</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Serve these items instead:</b></p>

## MEAL CHARGES

In accordance with state and federal law, the East Marshall Community School District adopts the following policy to ensure school district employees, families, and students have a shared understanding of expectations regarding meal charges. The policy seeks to allow students to receive the nutrition they need to stay focused during the school day, prevent the overt identification of students with insufficient funds to pay for school meals, and maintain the financial integrity of the nonprofit school nutrition program.

### **Payment of Meals**

All meal purchases are to be prepaid before meal service begins. For parent convenience meal payments may be made through the JMC online parent portal. Payments may also be made to your student's school office by cash or check. Students who do not have sufficient funds shall not be allowed to charge breakfast or a la carte items until additional money is deposited in the student account.

Students who qualify for free meals shall never be denied a reimbursable meal, even if they have accrued a negative balance from previous purchases. Students with outstanding meal charge debt shall be allowed to purchase a meal if the student pays for the meal when it is received. Once a negative balance reaches negative \$5 per each person on the account, your student(s) will not be allowed to charge meals until the negative account balance is paid. Your student(s) will be served a cheese (or similar) sandwich until the negative account balance is paid.

Employees may prepay all meal purchases before meal service begins. For employee convenience meal payments may be made through the JMC online portal. Payments may also be made to the employee's building office by cash or check. When an employee account reaches zero, they will not be allowed to charge to the account until money has been deposited back into their account.

### **Negative Account Balances**

The school district will make reasonable efforts to notify families when meal account balances are low. Additionally, the school district will make reasonable efforts to collect unpaid meal charges classified as delinquent debt. The school district will coordinate communications with families to resolve the matter of unpaid charges. Families will be notified of an outstanding negative balance once the negative balance reaches \$0. Families will be notified by phone call, email, or letter sent home with the student(s). Negative balances of more than \$5 per person on the account, not paid prior to end of the school year will be turned over to the superintendent or superintendent's designee for collection. Options for collection may include: collection agencies, small claims court, or any other legal method permitted by law.

### **Communication of the Policy**

The policy and supporting information regarding meal charges shall be provided in writing to:

- All households at or before the start of each school year;
- Students and families who transfer into the district, at time of transfer; and
- All staff responsible for enforcing any aspect of the policy.

Records of how and when the policy and supporting information were communicated to households and staff will be retained.

The superintendent may develop an administrative process to implement this policy.

MEAL CHARGES

Legal Reference: 42 U.S.C. §§ 1751 *et seq.*  
7 C.F.R. §§ 210 *et seq.*  
U.S. DEP'T OF AGRIC., SP 46-2016, UNPAID MEAL CHARGES: LOCAL MEAL  
CHARGE POLICIES (2016).  
U.S. DEP'T OF AGRIC., SP 47-2016, UNPAID MEAL CHARGES: CLARIFICATION  
ON COLLECTION OF DELINQUENT MEAL PAYMENTS (2016).  
U.S. DEP'T OF AGRIC., SP 57-2016, UNPAID MEAL CHARGES: GUIDANCE AND  
Q&A (2016).  
Iowa Code 283A.  
281 I.A.C. 58.

Cross Reference: 710.1 School Food Program  
710.2 Free or Reduced Cost Meals Eligibility  
710.3 Vending Machine

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## USDA Nondiscrimination Statement

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](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](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider.

### Guidelines

1. The new nondiscrimination statement may not be altered in any way including the formatting and spacing.
2. The text must be easily readable in Time New Roman font or other standard font (black or dark color)
3. The ideal font size of the full statement is 11.
4. A font size as small as 9 point may be used.
5. If the document is a one page document, the font size must be the same as the rest of the font used to maintain equal importance.
6. If the full statement does not fit, use the abbreviated "equal opportunity" statement. The abbreviated statement font must be the same size as the font size used in the document.