



Creative Solutions to School Food Service®

Elk Point-Jefferson School District Food Service

Date:

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 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

1. **Special Diet Form Instructions**
 2. **Definition of Disability:** For reference by your family and your physician, attached is the definition of a disability.
 3. **Special Diet form** that is required by the state of South Dakota.
 - a. Because of the difficulty in administering special diets, the USDA only requires that school foodservice provide one alternative meal to students with a disability. Due to ingredient and recipe changes made by our manufacturer and distributor suppliers, LSI cannot warrant the accuracy of the product and/or recipe information that we provide beyond the one meal required by USDA. All students with a disability must have a signature from an MD or DO physician.
 - b. If a student does not have a disability, but, instead, an "other special diet request", it is at the discretion of the School Food Service if substitutions or modifications will be made. In addition, due to ingredient and recipe changes made by our manufacturer and distributor suppliers, LSI cannot warrant the accuracy of the product and/pr recipe information that we provide.
- It is important to note that the request can't be addressed by school foodservice without your physician filling out the forms completely including: Certification that the condition is a disability, identifying the major life activity affected by the disability, and the meal prescription itself as opposed to foods to avoid.
4. **Nutritional Information Limitations and Terms:** This document identifies the limitations school foodservice has in accurately providing nutritional and or allergen information on products we purchase from foodservice 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, the USDA only *requires* that school foodservice provide *one* alternative meal 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 foodservice will work with you to provide additional variety to your students menu, up to five alternative meals.

If your family is not comfortable with those terms, school foodservice 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 insure 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 all portions of whichever form he/she deems appropriate and return the completed form the School Food Service office, located at the Elk Point Jefferson School District, 402 S. Douglas St, Elk Point, SD.

Sincerely,

Food Service Director

Enclosures

SPECIAL DIET FORM

* Keep a copy of the completed form for your records.

Part A – Participant, Parent/Guardian, and School/Agency Contact Information – To be completed by a parent/guardian or school/agency contact person –

1. School/Agency Name	2. Site Name (if applicable)	3. School/Agency Telephone
4. Name of Participant		5. Date of Birth
6. Name of Parent or Guardian		7. Parent/Guardian Telephone

Part B – Special Diet – To be completed by a medical authority as defined above.

7. Check One:

- a. Participant has a **disability**.
- b. Participant has a food allergy/intolerance or other medical condition that does not rise to the level of a disability.

8. Specify the disability, food allergy/intolerance, or medical condition requiring a special meal or accommodation (use extra pages if needed):

9. If participant has a disability (see definition on instructions page), provide a brief description of participant's major life activity (see list on instructions page) affected by the disability (e.g. allergy to peanuts affects ability to breathe):

Check if not applicable

10. Describe the type of special diet required (e.g. low sodium, gluten-free, diabetic, etc.) Use extra pages if needed:

Check if not applicable

11. Modified Texture:

- Not Applicable Chopped
- Ground Pureed

12. Modified Thickness:

- Not Applicable Nectar
- Honey Spoon or Pudding Thick

13. Special Feeding Equipment (large handled spoon, sippy cup, etc.):

Check if not applicable

14. 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.)

Check if not applicable

A. Foods To Be Omitted

B. Suggested Substitutions

_____	_____
_____	_____
_____	_____
_____	_____

IMPORTANT: For a participant who does not have a recognized disability, the only fluid milk substitutions allowed by USDA are: (1) lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrition profile equivalent to cow's milk as specified in federal regulations. Currently the only beverages meeting these specifications are certain brands of soy milk.

15. Signature of Preparer	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority	20. Printed Name	21. Title	

Part C – Parent/Guardian Permission – To be completed by a parent/guardian

I give permission for school/agency personnel responsible for implementing my child's special diet to discuss my child's special dietary accommodations 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 if requested to do so by school/agency personnel.

22. Parent/Guardian Signature:	23. Date:
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Part D – Request Substitution for Fluid Cow's Milk due to Lactose Intolerance, Allergy, Vegan Diet, Religious, Cultural, or Ethical Reasons – To be completed by parent/guardian.

24. Instead of fluid cow's milk, please provide the individual named in Part A of this form with the following substitute (check ONE):

- Lactose-free cow's milk
- Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations

25. Parent/Guardian Signature:	26. Date:
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The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

As stated above, all protected bases do not apply to all programs, the **first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.**