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), Advanced Registered Nurse Practitioners (ARNP) or Dentists.

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. *Example: Allergy to peanuts affects ability to breathe.*
2) Explain what must be done to accommodate the medical need:

Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:

Complete the back to provide additional details

Modified Texture:	☐ Not Applicable ☐ Chopped ☐ Ground ☐ Pureed
Modified Thickness of Liquids:	☐ Not Applicable ☐ Nectar ☐ Honey ☐ Spoon or Pudding Thick
Special Feeding Equipment:	☐ Not Applicable ☐ Equipment Needed: _____

(Example: large handled spoon, sippy cup, etc.)

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.

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