



West Central School District 49-7
Humboldt-Hartford

Mr. Brad Berens, Superintendent of School

Administrative Offices 705 E. 2nd Street, PO Box 730, Hartford, SD 57033

Phone: (605)-528-3217 Fax: (605)528-3219

To: Parents and Guardians

From: Victoria Wittrock

Re: Meal Change or Modification Letter to Parents

August 1, 2019

Each year parents should reevaluate their child meal modification on file. We know that students body and allergies change over time however, this is not a requirement. If your child has no change to their diet we will use what is on file.

Any new changes or requesting a meal modification is required for all students. Please be sure to fill out the form and read carefully prior to sending the form. If the form is not filled out as stated on the instructions then the form will be returned for further evaluation.

After the form is filled out, please send to either to the Child Nutrition or District's Nurse Office. A follow up is made by the Food Service Supervisor with the parent to discuss the meal modification. Each month, you will receive a menu with the meal modifications that fits your child's meal change.

If your child is in need of non-cow's milk dairy, the option for our district is soymilk that meets the same nutrients as cow milk. If your child cannot have soy, then a water cup will be given with the meal.

If you have any questions please contact the Child Nutrition Office (605)528-6238.

Thank you.

Victoria Wittrock
Food Service Supervisor
705 E 2nd Street
PO Box 730
Hartford, SD 57033
(605)528-6238
Email: Victoria.Wittrock@k12.sd.us

MEAL CHANGE REQUEST FORM INSTRUCTIONS

Important! Determine which type of request is needed (see #1 and #2 below). Then, carefully read and follow the steps for that type of request. If the form is not complete, the school/agency will follow up with the parent/guardian about the request. **We recommend that you keep a copy of the form that is turned into to school/agency.** If you have any questions about this form, contact the school/agency.

Definitions:

- An **'agency'** might be a school, child care center, adult day care center, child care 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 a 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 **must** provide a meal change for a condition that limits a major life activity. You will find more information about what is considered a major life activity below. A participant does not need to be labeled as having a 'disability' in order to need a meal change.
- If you are asking for a meal change that is based on a condition that limits a major life activity, a meal change request form (alternate form allowed) is required and it must be signed by a recognized medical authority when the meal modification deviates from the program meal pattern. A recognized medical authority is a medical official who is authorized to write prescriptions. The following sections must be completed when submitting a change request for this reason.
 - Part A of this form must be completed by the parent/guardian/participant.
 - Part B of this form must be completed by a recognized medical authority when the meal change requires the school/agency to provide a meal outside of the meal pattern. The school/agency staff can help the parent/guardian/doctor to understand what the meal patterns require.
 - We strongly recommend the parent/guardian signs Part C of the form.
- If the school/agency is able to make the meal change request and still follow the meal pattern requirements, the form does not need to be signed by a recognized medical authority. However, the school/agency may request a completed meal change form that is signed by a recognized medical authority. If a signed meal change form is requested by the school/agency, the school/agency must provide the alternate meal while waiting for the signed form.
- A meal change request based on a condition that limits a major life activity will be followed by the school/agency until a parent/guardian/recognized medical authority tells the school/agency that the change request is no longer needed. The school/agency may ask for a signed statement to document the end of the meal change request.
- We strongly recommended that parents/guardians look at the change request each year to make sure the change is still correct and needed

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.
- If you are asking for a meal change that is based on a lifestyle choice, general health concern, etc. the following sections must be completed when submitting a change request for this reason.
 - Part A of this form must be completed by the parent/guardian/participant.
 - Part B of this form must be completed.
 - We strongly recommend the parent/guardian signs Part C of the form.
- If the school/agency provides a meal change for this reason, the requested change will continue until a parent/guardian/medical authority tells the school/agency that the change request is no longer needed. The school/agency may ask for a signed statement to document the end of the meal change request.
- If the school/agency is making a meal change for this reason, we strongly recommend that parents/guardians look at the change request each year to make sure the change is still correct.

42 USC § 12102 – DEFINITION OF DISABILITY

(1) Disability

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;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment (as described in paragraph (3)).

(2) Major life activities

(A) In general

For purposes of paragraph (1), 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.

(B) Major bodily functions

For purposes of paragraph (1), 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.

(3) Regarded as having such an impairment

For purposes of paragraph (1) (C):

- (A) 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 or not the impairment limits or is perceived to limit a major life activity.

A participant does not need to be labeled with a ‘disability’ in order to need a meal change.

Definition of Recognized Medical Authority

Per USDA Memos SP 26-2017, CACFP 14-2017, and SFSP 10-2017, a State licensed healthcare professional authorized to write medical prescriptions can sign the medical statement.

In addition to Medical Doctors (MD), Doctors of Osteopathy (DO), Nurse Practitioner, and Physician Assistant (PA), the South Dakota Board of Osteopathic Medical Examiners identify Certified Nurse Practitioners (CNP) and Certified Nurse Midwives (CNM) as capable of writing prescriptions, thus identified as recognized medical authorities who may sign a Meal Change Request.

The licensing of physicians (pursuant to SDCL 36-4-9) does not include chiropractors, opticians, dentists, orthodontists, or physical therapists. Although some of the above-named healthcare providers use the title “Dr.” in front of their name, only physicians licensed pursuant to SDCL 36-4-9 may append the letters M.D. or D.O. to their name (SDCL 36-4-9). Therefore, signatures on Meal Change Requests based on conditions that affects major life activities will be considered valid only if the physician uses, or is licensed to use, M.D. or D.O. after his/her name.

A parent who is an M.D., D.O., PA, CNP, or CNM may sign his or her own child’s meal change request.

MEAL CHANGE REQUEST 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/Student		5. Date of Birth	
6. Name of Parent or Guardian		7. Parent/Guardian Telephone	
Part B – Meal Change – To be completed by a medical authority (State licensed healthcare professional authorized to write prescriptions) if change is outside of the meal pattern. The school/agency can help you to understand what the meal patterns require.			
8. Check One: <input type="checkbox"/> a. Participant has a <u>condition which limits a major life activity</u> . <input type="checkbox"/> b. Participant does not have a condition which limits a major life activity.			
9. State the condition, food allergy/intolerance, medical condition, or reason a meal change is required/requested (use extra pages if needed): 			
10. If the participant has a condition that limits a major life activity (see definition on instructions page), provide a brief description of the major life activity (see list on instructions page) affected by the condition (e.g. allergy to peanuts affects ability to breathe): <input type="checkbox"/> Check if not applicable			
11. Modified Texture: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed		12. Modified Thickness: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon or Pudding Thick	
13. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a separate page with more information if needed.) <input type="checkbox"/> Check if not applicable			
A. Foods To Be Omitted		B. Suggested Substitutions	
14. Additional Information: (Such as special feeding equipment, type of meal modification, etc.). 			
15. Signature of Preparer (When Medical Authority is not required)	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority/Title	20. Printed Name	21. Telephone Number	22. Date

Part C – Parent/Guardian Permission – To be completed by a parent/guardian (not required, but encouraged)	
I give permission for school/agency personnel responsible for implementing my child's meal modification to discuss my child's meal change with any appropriate school/agency staff and to follow the meal modification for my child's school/agency meals. I also give permission for my child's medical authority to further clarify the meal modification on this form if requested to do so by school/agency personnel.	
23. Parent/Guardian Signature:	24. Date:
Part D – Request Change for Fluid Cow's Milk due to a general health concern – To be completed by parent/guardian.	
25. For a student who does not have an impacted major life activity, the only fluid cow's milk substitutions allowed by USDA are: <ul style="list-style-type: none"> (a) Lactose-free or reduced-lactose fluid cow's milk, (b) Fluid goat's milk, (c) Buttermilk, (d) Acidified milk, or (e) Non-dairy beverages with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. Instead of fluid cow's milk, please provide the individual named in Part A of this form with the following substitute (check ONE): <input type="checkbox"/> Lactose-free milk <input type="checkbox"/> Reduced-lactose milk <input type="checkbox"/> Fluid goat's milk <input type="checkbox"/> Buttermilk <input type="checkbox"/> Acidified milk <input type="checkbox"/> Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations	
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 recognized medical authority must complete Part B and sign the form.	
26. Parent/Guardian Signature:	27. Date:

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(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

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