Wisconsin Department of Public Instruction MEAL MODIFICATIONS IN THE USDA CHILD NUTRITION PROGRAMS

PI-6314 (Rev 06-24)

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b requires school meal modifications be made for children with dietary disabilities when requests are supported by a written statement from a state authorized medical authority or registered dietitian.

A. Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, "a person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

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. 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.

These Acts can be found in their entirety at https://www.eeoc.gov/statutes/rehabilitation-act-1973 and https://www.eeoc.gov/laws/statutes/adaaa.cfm.

B. Individualized Education Program

The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. The IDEA can be found in its entirety at https://sites.ed.gov/idea/statuteregulations.

When a child's IEP or 504 plan contains the same information that is required on a medical statement, then it is not necessary to get a separate medical statement from a state authorized medical authority or registered dietitian.

C. Authorized Medical Statement

An authorized medical statement must:

- Include an explanation of how the child's physical or mental impairment restricts the child's diet
- Identify the food(s) to be avoided
- Identify the food(s) to be substituted
- Be signed by a state authorized medical authority or a registered dietitian.

Per USDA memo SP 32-2015, a state authorized medical authority is a state licensed health care provider who is authorized to write medical prescriptions under state law. In Wisconsin this is a physician, dentist, optometrist, podiatrist, physician assistant, or nurse practitioner. In addition, the Final Rule-Child Nutrition Programs: Meal Patterns Consistent With the 2020-2025 DGAs, section 14 permits registered dietitians to request meal modifications on behalf of a child with a dietary disability.

If the request for a meal modification is not for a disability or has not been signed by one of these practitioners, the school is not required to provide a meal accommodation.



INSTRUCTIONS: Please read	page one before	completing this form.

		I. GENERAL INFORMATION							
Student's Name	Age	Name of School	Student's PIN / ID Number	Grade					
		II. ACCOMODATIONS							

		I. GENI	ERAL INFORMATION					
Student's Name	Age	Name of	School	S	tudent's	PIN / ID Number	Grade	
		II. A	CCOMODATIONS					
How does the child's physical or mental im	npairment re	estrict his or l	ner diet?					
2. What foods or types of food should be omi	tted? Please	e be specific	-					
3. List foods to be substituted (avoid specific	brand name	es unless me	edically necessary).					
4. Additional comments:								
		II	I. SIGNATURES					
Parent or Legal Guardian's Name			Relationship			Phone Number		
Signature of Parent or Legal Guardian			1		Date S	Signed		
>								
Authorized Medical Authority's Name		Title	Dentist	Physician		Phone Number		
			Optometrist Podiatrist	Physician As Registered D				
Company of Authorized Manding I Advisor Avide 19			Nurse Practitioner			Name of		
Signature of Authorized Medical Authority					Date S	oignea		

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2 fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

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