

Dietary Preference Form for Meal Modification

Important! Carefully read and follow the procedures for requesting a special meal accommodation. The school/site will return incomplete Dietary Preference Forms to the parent/guardian. If you have questions about this form, the school/site contact named in Part A below will assist you.

Requests for children with a medical need not documented by a physician: A completed request form may be filled out by a parent or legal guardian if the medical need falls within the USDA's child nutrition program meal requirements. These requests must be accommodated.

- Example of a medical need that falls within the USDA's child nutrition program meal requirements: child is allergic to strawberries and a different fruit can be substituted OR a child is allergic to beef and a different meat/meat alternate (protein) can be substituted.
- Milk substitutes must be USDA-approved. Juice and water may not be substituted for fluid milk as part of the reimbursable meal without a medical statement signed by licensed healthcare professional.

Modification due to religious, ethical or cultural reasons that do not rise to the level of a disability:

- A school/site has the option to make meal modifications at the request of a parent/guardian due to religious, ethical or cultural reasons.
- Part A of this form must be completed by a parent/guardian or school/site contact person.
- Parts B and C of this form must also be completed by a parent/guardian before the school/site can make meal modifications.

The meal modifications will continue until a parent or legal guardian requests that the modifications be changed or stopped on the Discontinuation Form, which is available from the school/site. It is strongly recommended that the Dietary Preference Form is updated annually.

Part A. Student, Parent/Guardian & School/Site Contact Information – To be completed by a parent/guardian or school/site contact person.		
1. Student's Name:	2. Date of Birth:	School/site:
3. Parent/Guardian's Name:	4. Parent/Guardian's Phone:	
5. School/site Contact's Name: Zoie Barcus, RDN; 719-460-0720 or zbarcus@hsd2.org	6. School/site Contact's Phone:	
Part B. Prescribed Diet Order Request – This may be completed by a parent or legal guardian as specified above. All sections must be completed.		
1. Check:		
<input type="checkbox"/> Medical need not documented by physician. <input type="checkbox"/> Religious, ethical or cultural reasons that do not rise to the level of a disability.		
2. Specify the meal modification requested.		
3. Foods to be Omitted and Substituted: List specific foods to be omitted and substituted. If more space is needed, sign and attach additional sheet of paper.		
Omit Foods Listed Below:	Substitute Foods Listed Below:	
Parent/Legal Guardian Permission – To be completed by a parent or legal guardian.		
I give permission for school/site personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate school/site staff.		
Parent/Legal Guardian's Signature & Date:		

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

This institution is an equal opportunity provider.