

Process for Requesting Accommodations for Special Dietary Needs

Mt. Vernon Community School Corporation adheres to specific USDA guidelines in providing special diet accommodations for students. In accordance with the criteria set forth in [7 CFR Part 15b](#), those students who are unable to eat the school meal due to a disability/medical need/or impairment are accommodated, at no additional charge. (Reduced/free/paid meal prices apply). Dietary needs due to lifestyle and religious reasons are important to our school but not a requirement by USDA to make accommodations. Our school will try to accommodate lifestyle and religious needs through our current menu choices. Please review the following information if your child requires special diet consideration.

Per Section 504 of the Rehabilitation Act of 1973, parents have a right to an evaluation of your child if the district has reason to believe that your child has a mental or physical impairment that substantially limits a major life activity, which can involve eating/digestion. You have the right to this evaluation before any plan for accommodation.

The steps in the process to request special accommodations are 1) for the parent(s)/caregiver(s) to complete the Dietary Restriction Form and immediately return to the school; 2) the school will review and process the request; 3) the form may be returned to parent/guardian for additional medical signatures. For example, if the substitutions needed for accommodations fall outside of the USDA meal pattern, the Medical Statement form must be signed by an authorized medical authority with prescriptive privileges in the state of Indiana, and 4) accommodations will be adjusted accordingly based on review.

Procedural Safeguards

If the household feels accommodations are not being met, they have the right to contact the 504 Coordinator and:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable resolution of the grievance;
- Request and participate in an impartial hearing to resolve their grievances;
- Be represented by counsel at the hearing;
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

Accommodations Coordinator

- The safety of your child comes first. If you have a child with a disability/medical need or impairment, please submit your request for accommodation by completing this form and submitting to Nina Murzyn, RDN at nina.murzyn@mvcsc.k12.in.us.
- Please contact the above person for more information about accommodations to school meals and the meal service for students with disabilities at MVCSC.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Dietary Restriction Form

Mt. Vernon Community School Corporation participates in a federally funded Child Nutrition Program and all food sold must meet program nutritional requirements. Reasonable meal accommodations must be made when the accommodation requested is due to a medical disability or impairment. A physician note or statement from an authorized medical provider may be required if the meal accommodations cannot be met with regularly served menu items. By completing and signing this form, you permit this information to be shared with appropriate school nutrition personnel.

SECTION 1: STUDENT INFORMATION	
Student's Name	Date of Birth
School	Grade
Parent/Guardian Name	Cell Phone #
Email Address	Other Phone # (optional)
<p><i>Liability Notice:</i> Food allergies, intolerances, and special dietary needs present a special challenge to a school corporation due to the large number of students served in our cafeterias and food that is brought to school from students' homes. Mt. Vernon Community School Corporation will work with the students and parents to accommodate those who have qualified disabilities that require meal substitutions and complete appropriate documentation, but the school corporation cannot guarantee that the school <u>environment</u> is 100 % free from particular reaction-causing food items. Therefore, the best way of ensuring your child's safety would be for your child to bring his/her own lunch to school.</p> <p>If your child decides to eat food prepared or provided by the School Corporation, then you and your child will have to assume any risk that the school's food could cause an allergic reaction. By assuming this risk, you will be releasing Mt. Vernon Community School Corporation, and its employees and agents, from any responsibility for monitoring your child's food choices and any liability that may be caused by an allergic reaction.</p>	
Parent/Guardian Signature : _____	Date: ____/____/____
SECTION 2: DESCRIPTION OF DIETARY RESTRICTION	
<p>Please check all dietary restrictions that apply:</p> <p><input type="checkbox"/> Lactose intolerance</p> <p><input type="checkbox"/> Celiac Disease</p> <p><input type="checkbox"/> Diabetic</p> <p><input type="checkbox"/> Food Allergy: _____</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Does the student wish to eat school Lunch meals?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOMETIMES</p>	
<p>Does the student wish to eat school Breakfast meals?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOMETIMES</p>	
<p>Please describe how your child's condition restricts his/her diet; what accommodations can be made; and what food(s)/types of food(s) should be omitted and/or recommended alternatives? Please be as specific as possible.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Signature of Parent/Guardian	Date

**Please attach any authorized medical provider notes or statements and submit completed form to
Nina Murzyn, RDN at nina.murzyn@mvcsc.k12.in.us**