

## Diet Modification Form Question and Answer

### **1. Does the Diet Modification Request Form need to be filled out annually?**

**Answer:** No. The Diet Modification Request Form does not have to be reviewed each year if there are no changes in the diet order (United States Food and Nutrition Service [USDA], 2001).

### **2. Who are the licensed medical providers that can complete the form?**

**Answer:** Iowa defines a licensed medical provider who is able to treat medical patients and write a medical prescription as a licensed physician (MD, DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP).

### **3. What does, "substantially limit a major life function" mean?**

**Answer:** The Americans with Disabilities Act Amendments of 2008 [ADAAA] defines a disability that substantially limits a major life function as any impairment related to: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, reading, concentrating, thinking sleeping, eating, lifting, bending, communicating, operation of major bodily functions, such as immune system, normal cell growth, digestive, bowel and bladder (34 C.F.R. §104.3 (j)(2)(i) and ADAAA (2008).

### **4. In the school setting, what are additional steps for the Food Service Director to take when receiving a Diet Modification Form?**

**Answer:** Food service personnel are an integral part of the multi-disciplinary team in the child find process of Section 504. Best practice would be to provide a copy of the diet modification request form to the building 504 contact, district 504 coordinator, and the school nurse. Additionally, another best practice would be to request participation with 504 planning meetings that require any diet modifications.

### **5. Why is the Diet Modification Form required for a nutritional program?**

**Answer:** Children with disability who require changes to the basic meal pattern (such as special supplements or substitutions) are required to provide documentation with accompanying instructions from a licensed medical provider. This is required to ensure that the modified meal is reimbursable, and to ensure that any meal modifications meet nutritional standards which are medically appropriate for the child (USDA, 2001).

### **6. In the school setting, who should maintain the Diet Modification Forms?**

**Answer:** Food service personnel should maintain the original form because it is required program documentation related to reimbursement.

### **7. Can additional charges be added for nutritional substitutions when accommodations rise up to level of a disability or are considered a diet modification?**

**Answer:** Reimbursement for meals served with an authorized substitute food to handicapped participants or to participants with other special dietary needs shall be claimed at the same

reimbursement rate as meals which meet the meal pattern. Furthermore, there shall not be a supplementary charge for the substituted food item(s) to either a handicapped participant or to a participant with other special dietary needs. 7 CFR 15b.26(d)(1) specifies that, in providing food services, recipients of Federal financial assistance "may not discriminate on the basis of handicap" and "shall serve special meals, at no extra charge, to students whose handicap restricts their diet." While any additional costs for substituted foods are considered allowable Program costs, no additional Child Nutrition Program reimbursement is available. Sources of supplemental funding may include special education funds (if the substituted food is specified in the child's individualized education program); the general account of the school food authority, institution or sponsor; or, for school food authorities, the nonprofit school food service account (USDA, 2001).

**8. How does a food service program accommodate a nutritionally related religious preference?**

**Answer:** The Diet Modification Form addresses medical needs pertaining to a medical condition only. The Offer vs Serve Program is recommended for many situations where students may decline food items due to taste, tolerance, religious beliefs without completing a form. (e.g. If providing Offer vs Serve, a student with a milk intolerance may decline milk without completing a form. However, juice is no longer an acceptable substitution.)

**9. How should a school proceed with a parental request for a school to become “allergen-free” or provide an “allergen free” table for their child to sit at during school meals?**

**Answer:** It is a local decision. Additional information available: Center for Disease Control and Prevention [CDC] has published national comprehensive guidelines in 2013, “Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs”, to assist districts with managing food allergies in the school setting. This can be retrieved from: [CDC - Food Allergies - Adolescent and School Health](http://www.cdc.gov/healthyyouth/foodallergies/index.htm) or <http://www.cdc.gov/healthyyouth/foodallergies/index.htm> .



## Diet Modification Request Form

Description: The United States Department of Agriculture (USDA) reimburses home day care providers, child and adult care centers, summer food service sponsors, schools, residential child care institutions, preschools, and Head Start for meals served to participants that meet USDA requirements. The Child Nutrition Program participating home provider or organization is listed below for meals served in their program. If a participant needs to avoid specific foods for a medical reason, a prescribing licensed medical professional must document the diet modifications and sign this form.

Please complete this form and return to your organization or provider: \_\_\_\_\_  
(Name of home provider or organization)

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

<b>1) Does the participant have a disability?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (identify)	
If yes, describe the major life activity or functions affected by the disability (see link for definitions of disability <a href="http://www.eeoc.gov/laws/statutes/adaaa_info.cfm">http://www.eeoc.gov/laws/statutes/adaaa_info.cfm</a> )	
If yes, explain why the disability restricts the participant's diet:	
If no, identify the medical condition that does not rise to the level of a disability:	
<b>2) Food(s) or Formula to Omit:</b>	<b>Food(s) or Formula to Substitute:</b>
<b>3) Texture modifications:</b>	
Infants must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.	
The back of this form includes additional descriptions <input type="checkbox"/> No <input type="checkbox"/> Yes	

Licensed prescribing medical professional\*: \_\_\_\_\_  
Name (Print or Type) Title

\*In Iowa licensed prescribing medical professionals include Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP).

\_\_\_\_\_  
Signature of medical professional Date

**If the participant has a disability, the provider must offer to supply the food substitutions unless doing so would be a documented financial hardship. If the participant does not have a disability, the provider is not required to supply the food substitutions.**

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without medical professional direction. This site chooses to offer this nutritionally-equivalent product: \_\_\_\_\_. Check here if you would like to request the soy milk 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 for permission to release information)

USDA is an equal opportunity employer and provider.

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Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p><b>Lactose/milk – Do not serve the items checked below:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no</li> <li><input type="checkbox"/> Milk based desserts such as ice cream and pudding</li> <li><input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni &amp; cheese</li> <li><input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza</li> <li><input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich</li> <li><input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers</li> </ul>	<p><b>SERVE THESE ITEMS INSTEAD:</b></p>
<p><b>Soy - Do not serve the items checked below:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protein products extended with soy</li> <li><input type="checkbox"/> Processed items cooked in soy oil</li> <li><input type="checkbox"/> Food products with soy as one of the first three ingredients</li> <li><input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list</li> </ul>	<p><b>SERVE THESE ITEMS INSTEAD:</b></p>
<p><b>Egg - Do not serve the items checked below:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold</li> <li><input type="checkbox"/> Eggs used in breading or coating of products</li> <li><input type="checkbox"/> Baked products with eggs such as breads or desserts</li> </ul>	<p><b>SERVE THESE ITEMS INSTEAD:</b></p>
<p><b>Seafood – Do not serve the items checked below:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fish</li> <li><input type="checkbox"/> Shrimp</li> <li><input type="checkbox"/> Crab</li> <li><input type="checkbox"/> Oysters</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b>SERVE THESE ITEMS INSTEAD:</b></p>
<p><b>Peanuts – Do not serve the items checked below:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Peanuts, individually or as an ingredient</li> <li><input type="checkbox"/> Foods containing peanut oil</li> <li><input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts</li> </ul>	<p><b>SERVE THESE ITEMS INSTEAD:</b></p>
<p><b>Tree nuts – Do not serve the items checked below:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All nuts</li> <li><input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b>SERVE THESE ITEMS INSTEAD:</b></p>
<p><b>Wheat – Do not serve the items checked below:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foods containing wheat</li> <li><input type="checkbox"/> Foods containing gluten</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b>SERVE THESE ITEMS INSTEAD:</b></p>