

Guidance and Instructions

MEDICAL STATEMENT FOR MEAL MODIFICATIONS IN SCHOOL NUTRITION PROGRAMS

The Connecticut State Department of Education's (CSDE) *Medical Statement for Meal Modifications in School Nutrition Programs* applies to requests for meal modifications for children participating in the U.S. Department of Agriculture's (USDA) [school nutrition programs](#), including the National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Snack Program (ASP) of the NSLP, Special Milk Program (SMP), Fresh Fruit and Vegetable Program (FFVP), and Child and Adult Care Food Program (CACFP) At-risk Supper Program implemented in schools. School food authorities (SFAs) for schools and institutions that participate in the USDA school nutrition programs:

- are **required** to make reasonable meal modifications for children whose physical or mental impairment (disability) restricts their diet; and
- have the **option** to make meal modifications for children whose special dietary needs do not constitute a disability, if the requested modification complies with the USDA meal patterns.

This document provides general guidance on the requirements for meal modifications (pages 1-6) and instructions for completing the CSDE's *Medical Statement for Meal Modifications in School Nutrition Programs* form (pages 7-8). For detailed guidance on the requirements for modified meals, review the CSDE's guide, *Accommodating Special Diets in School Nutrition Programs*.

Determining if a Meal Modification is Required

SFAs can determine if a child requires a meal modification by reviewing question 10 in section B of the CSDE's *Medical Statement for Meal Modifications in School Nutrition Programs* form. Question 10 asks if the child has a physical or mental impairment that restricts their diet. If the recognized medical authority's answer is "Yes," the SFA must make the meal modification. If the recognized medical authority's answer is "No," the SFA can choose, but is not required, to make the meal modification. For more information, see "What Constitutes a Disability" on page 2.

MEAL MODIFICATIONS FOR CHILDREN WITH DISABILITIES

Federal laws and USDA regulations require that SFAs make reasonable meal modifications on a case-by-case basis to accommodate children whose disability restricts their diet. A "**reasonable modification**" is a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures children with disabilities have equal opportunity to participate in or benefit from a program.

A request for a reasonable modification must be related to the disability or limitations caused by the disability and requires a medical statement from a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. The Connecticut State Department of Public Health defines a **recognized medical authority** as a physician, physician assistant, doctor of osteopathy, or advanced practice registered nurse (APRN). APRNs include nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

Section 504 of the Rehabilitation Act of 1973 (Section 504), the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, and the USDA nondiscrimination regulations (7 CFR 15b) define a **person with disability** as any person who has a physical or mental impairment that substantially limits one or more "major life activities," has a record of such impairment, or is

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regarded as having such impairment” (29 USC 705(9)(b), 42 USC 12101, and 7 CFR 15b.3). The definitions for these terms are below.

- **“physical or mental impairment”** means 1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or 2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- **“major life activities”** are broadly defined and 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. “Major life activities” also include 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.
- **“has a record of such impairment”** means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- **“is regarded as having an impairment”** means 1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; 2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments; or 3) has none of the impairments defined in “physical and mental impairment” but is treated by a recipient as having such an impairment.

What Constitutes a Disability

Under the ADA Amendments Act, most physical and mental impairments constitute a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. **All disability considerations must be reviewed on a case-by-case basis.**

- Under the ADA Amendments Act, a physical or mental impairment does not need to be life threatening to constitute a disability. It is sufficient that it limits a major life activity. For example, a food intolerance, such as lactose intolerance or gluten intolerance, may be considered a disability if it substantially limits digestion, a bodily function that is a major life activity. A child whose digestion is impaired by a food intolerance may be a person with a disability, regardless of whether consuming the food causes the child severe distress.
- If a child’s condition is not listed under the ADA’s categories of diseases and conditions, it cannot be assumed that the condition is not a disability. The ADA’s categories of diseases and conditions are not all-inclusive; there are more conditions that meet the definition of disability than are listed in the law.

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- The determination of whether a physical or mental impairment constitutes a disability must be made without regard for whether mitigating measures may reduce the impact of the impairment. An impairment may be covered as a disability even if medication or another mitigating measure may reduce the impact on the impairment. For example, the fact that a child may be able to control an allergic reaction by taking medication should not be considered in determining whether the allergy is a disability.
- A food allergy is generally considered a disability. Under the ADA Amendments Act, a food allergy does not need to be life-threatening or cause anaphylaxis to be considered a disability. A non-life-threatening food allergy may be considered a disability and require a meal modification if it impacts a major bodily function or other major life activity, such as digestion, respiration, immune response, and skin rash.
- Autism is considered a disability and may require a reasonable modification if it substantially limits a major life activity such as eating. For example, some children with autism will only eat certain foods due to their repetitive and ritualistic behavior patterns. Any physical or mental impairment preventing a child from consuming a meal is considered a disability.
- Phenylketonuria (PKU), diabetes, and celiac disease are considered disabilities and may require reasonable meal modifications.
- Obesity is recognized by the American Medical Association as a disease and may be considered a disability if the condition of obesity substantially limits a major life activity.
- If a disability is episodic and substantially limits a major life activity when active, the SFA must provide a reasonable modification for the child. Whether a temporary impairment is a disability must be determined on a case-by-case basis, taking into consideration both the duration (or expected duration) of the impairment and the extent to which it actually limits a major life activity of the affected individual. If the condition is temporary, but severe and lasts for a significant duration, the SFA must provide a reasonable modification for the duration of the condition. An example of a temporary disability is a child who had major oral surgery due to an accident and is unable to consume food for a significant period of time unless the texture is modified. The SFA must make the meal modification, even though the child is not “permanently” disabled. Temporary illness or injury, such as a cold, the flu, or a minor broken bone, are generally not considered conditions that require reasonable meal modifications.
- General health concerns and personal preferences, such as a parent’s preference that a child eats a gluten-free diet because the parent believes it is healthier for the child, are **not** disabilities and do not require meal modifications.

For additional guidance, see USDA Memo [SP 59-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs](#), USDA Memo [SP 26-2017: Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers \(Q&As\)](#), and the CSDE’s guide, [Accommodating Special Diets in School Nutrition Programs](#).

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Required Documentation for Children with Disabilities

For children with disabilities, the USDA requires that the medical statement to request meal modifications must include:

- information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet;
- an explanation of what must be done to accommodate the child's disability; and
- if appropriate, the food or foods to be omitted and recommended alternatives.

In some cases, more information may be required. For example, if the child requires caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, the recognized medical authority should include this information in the medical statement.

If SFAs use an alternate medical statement form, it must contain the above information required by the USDA. The SFA's medical statement cannot require a specific diagnosis by name or use the term "disabled" or "disability."

SFAs should not deny or delay a requested meal modification because the medical statement does not provide sufficient information, for example, the medical statement does not provide recommended alternatives or fully explain the needed modification for the child. When necessary, SFAs should work with the child's parent or guardian to obtain the required information. However, clarification of the medical statement should not delay the SFA from providing a meal modification for the child. While obtaining additional information, the SFA should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible.

Assessing Modifications for Children with Disabilities

SFAs may consider expense and efficiency in choosing an appropriate approach to accommodate a child's disability. SFAs must offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the school nutrition programs. SFAs are generally not required to provide a specific brand of food, unless it is medically necessary. In most cases, a generic brand is sufficient. For example, a child's medical statement for a food allergy might request a specific brand of food as a substitute. The SFA is generally not required to provide the requested brand-name food, but must offer to provide a substitute that does not contain the specific allergen that affects the child.

Milk Substitutes for Children with Disabilities

If cow's milk causes any digestive problems, the condition may be considered a disability under the ADA Amendments Act and may require a substitution. When a child has a medically documented disability that requires a milk substitute, the SFA must provide an appropriate substitute based on the child's medical statement. For children with disabilities, SFAs can claim reimbursement for meals that contain other beverages in place of milk, such as juice, water, or nondairy beverages that do not meet the USDA nutrition standards for fluid milk substitutes. **Note:** Juice, water, and milk substitutes that do not comply with the USDA nutrition standards are not allowed for children *without* disabilities.

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MEAL MODIFICATIONS FOR CHILDREN WITHOUT DISABILITIES

SFAs have the **option** to make meal modifications on a case-by-case basis for children whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, and personal food preferences, such as a preference that a child eats a gluten-free diet because a parent believes it is better for the child.

All meals served to children without disabilities must comply with the USDA meal patterns and dietary specifications (nutrition standards). For children without disabilities, SFAs cannot claim reimbursement for meals that do not meet the USDA meal patterns. For information on the meal patterns, see the CSDE's [Meal Patterns for School Nutrition Programs](#) webpage and [Menu Planning Guide for School Meals](#).

The USDA does **not** require a medical statement for modified meals that meet the meal patterns. However, the CSDE recommends obtaining a medical statement for these modifications to ensure clear communication between families and SFAs about the appropriate meal modifications for the child.

Milk Substitutes for Children without Disabilities

SFAs may choose, but are not required, to offer one or more allowable milk substitutes for children whose special dietary needs do not constitute a disability. The allowable milk substitutes include:

- lactose-free or lactose-reduced milk (low-fat (1%) unflavored, fat-free unflavored, or fat-free flavored); and
- allowable nondairy beverages that meet the USDA nutrition standards for milk substitutes, such as some brands of soy milk.

For children without disabilities, SFAs cannot claim reimbursement for meals that contain any other beverages in place of milk, such as juice, water, or nondairy beverages that do not meet the USDA nutrition standards for fluid milk substitutes. For more information, see the CSDE's handout, [Allowable Milk Substitutes for Children without Disabilities](#).

Milk substitutes for children without disabilities do not require a medical statement. Parents or guardians may request an allowable milk substitute in writing. The request must identify the medical or other special dietary need that restricts the child's diet and the requested allowable milk substitute. **Note:** This written parental request is only allowed for milk substitutes for children *without* disabilities.

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RESOURCES

Accommodating Children with Disabilities in the School Meal Programs (USDA):

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/USDAspdietguide.pdf

Accommodating Special Diets in School Nutrition Programs:

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/asdsnp.pdf

Allowable Milk Substitutes for Children without Disabilities:

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/milksub.pdf

Meal Patterns for School Nutrition Programs:

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=336544

Medical Statement for Meal Modifications in School Nutrition Programs:

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/medicalsnp.pdf

Special Diets for School Nutrition Programs:

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333730

Summary of Requirements for Meal Modifications in School Nutrition Programs:

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/spdietchart.pdf

USDA Memo SP 59-2016: *Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs:* www.fns.usda.gov/policy-memorandum-modifications-accommodate-disabilities-school-meal-programs

USDA Memo SP 26-2017: *Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As):* www.fns.usda.gov/school-meals/accommodating-disabilities-school-meal-programs-guidance-and-qas

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INSTRUCTIONS FOR COMPLETING THE MEDICAL STATEMENT FORM

Please print all information and submit the completed *Medical Statement for Meal Modifications in School Nutrition Programs* form to the child's school. The parent or guardian completes and signs section A. The child's recognized medical authority completes and signs section B. Any changes require the submission of a new medical statement signed by the child's recognized medical authority.

SECTION A – Completed by Parent or Guardian

1. **Name of Child:** Print the child's name.
2. **Birth Date:** Print the child's birth date (month, day, and year).
3. **Name of Parent or Guardian:** Print the name of the child's parent or guardian who is completing the child's medical statement.
4. **Phone Number (with area code):** Print the telephone number of the parent or guardian, including area code.
5. **E-mail address:** Print the e-mail address of the parent or guardian.
6. **Address:** Print the address of the parent or guardian, including street, city, state, and zip code.
7. **HIPPA and FERPA Authorization:** Print the *name of the recognized medical authority* who will be allowed to release the child's health information for the specific purpose of special diet information. Print the *name of the school district* that will receive the child's health information.
8. **Signature of Parent or Guardian:** Signature of the parent or guardian who is completing the child's medical statement.
9. **Date:** Print the date the parent or guardian signs the form.

SECTION B – Completed by Child's Recognized Medical Authority

This section must be completed and signed by the child's physician, physician assistant, doctor of osteopathy, or APRN.

10. **Physical or Mental Impairment:** Check () the appropriate box to indicate if the child has a physical or mental impairment that restricts the child's diet. If "Yes," describe how the child's physical or mental impairment restricts the child's diet. See page 2 of this guide for the definition of "physical or mental impairment" and what constitutes a disability.
11. **Diet Plan:** Explain the meal modification for the child. Provide detailed information to ensure proper implementation. For food allergies, this means identifying the foods to be omitted and recommending alternatives. For other medical conditions, more information may be required. For example, if the child requires caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, the statement must include this information. Attach a specific diet plan, if needed.
12. **Food Omissions and Substitutions:** Provide specific information on what foods must be omitted from the child's diet and what foods are appropriate alternatives for substitutions.
13. **Food Texture:** Check () the appropriate box and list any foods that require a change in texture, e.g., cut up or chopped into bite-size pieces, finely ground, or pureed. Indicate "all" if all foods should be prepared in this manner.
14. **Equipment:** List any special equipment or utensils needed to assist the child with dining, e.g., sippy cup, large handled spoon, and wheel-chair accessible furniture.

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15. **Additional Information:** Indicate any other information about the child's eating or feeding patterns that will assist in providing the requested meal modification.
16. **Name of Recognized Medical Authority:** Print the name of the recognized medical authority.
17. **Phone Number (with area code):** Print the office telephone number of the recognized medical authority, including area code.
18. **Signature of Recognized Medical Authority:** Signature of the recognized medical authority requesting the meal modification.
19. **Date:** Print the date the recognized medical authority signs the form.
20. **Office Stamp:** Stamp the form with the recognized medical authority's office stamp.



For more information, see the CSDE's [Special Diets for School Nutrition Programs](#) webpage or contact the [school nutrition programs](#) staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103.

This document is available at
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/medicalsnpinstr.pdf.

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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.

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