Medical Statement to Request Special Meals and/or Accommodations

Archdiocese of Los Angeles

1. School	2. Site Name	3. Site Phone Number
4. Name of Child		5. Age or Date of Birth
6. Name of Parent/Guardian		7. Phone Number
8. Description of Child's Physical or Mental Impairment Affected:		
9. Explanation of Diet Prescription and/or Accommodation:		
10. Indicate Food Texture for Above Child: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed		
11. Adaptive Equipment to be Used:		
12. Foods to be Omitted and Appropriate Substitutions:		

Foods to Be Omitted	Suggested Substitutions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. Signature of State Licensed Healthcare Professional*		
14. Printed Name	15. Phone Number	16. Date

*For this purpose, the CDE only permits the following state licensed healthcare professionals: licensed physicians, physician assistants, or nurse practitioners.

*This form is also considered valid with a certified digital signature.

The information on this form is required to reflect the current medical and/or nutritional needs of the child.

Instructions

1. **School**: Print the name of the school that is providing the form to the parent/guardian.

2. **Site**: Print the name of the site where meals will be served.

3. **Site Phone Number**: Print the phone number of site where meal will be served.

4. **Name of Child**: Print the name of the child to whom the information pertains.

5. **Age of Child**: Print the age of the child. For infants, please use date of birth.

6. **Name of Parent/Guardian**: Print the name of the person requesting the child's medical statement.

7. **Phone Number**: Print the phone number of parent/guardian.

8. **Description of Child's Physical or Mental Impairment Affected**: Describe how the physical or mental impairment restricts the child's diet.

9. **Explanation of Diet Prescription and/or Accommodation**: Describe a specific diet or accommodation that has been prescribed by the state licensed healthcare professional.

10. **Indicate Texture**: If the child does not need any modification, check "Regular".

11. **Adaptive Equipment to be Used**: Describe specific equipment required to assist the child with dining (e.g., sippy cup, large handled spoon, wheelchair accessible furniture, etc.).

12. **Foods to be Omitted**: List specific foods that must be omitted.
    Suggested Substitutions: List specific foods to include in the diet.

13. **Signature of State Licensed Healthcare Professional**: Signature of state licensed healthcare professional requesting the special meal or accommodation.

14. **Printed Name**: Print name of state licensed healthcare professional.

15. **Phone Number**: Phone number of state licensed healthcare professional.

16. **Date**: Date state licensed healthcare professional signed the form.

Definitions

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

Physical or mental impairment means, any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability.

Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working; and the operation of a major bodily function.

Major bodily function includes, the operation and functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form (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;

2. fax: 833-256-1665 or 202-690-7442; or

3. email: program.intake@usda.gov

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