

# SLA Allergy Policy: Modifications Form and Process

## Medical, Religious and/or Other Cultural Preferences

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## Documents Signed by Licensed Medical Authority – Flag Student in POS

SLA is required to make menu substitutions for students who have disabilities, medical conditions, and/or allergies with **signed** documentation from a Licensed Medical Authority (physician, nurse practitioner, physician's assistant, or registered dietitian). **Signature must include credentials and stamp, or license and registration number to be valid.** A signed prescription attached to the form will be accepted. NO accommodations need to be made if not filled out correctly.

When multiple component options in each group are offered (3 entrées, 2 veggies, 3 fruit, etc.), there is usually no need to make something specifically for the student with special needs, unless the special need is extensive or complicated, in which case you can contact the dietitian for assistance if needed. Special items may need to be purchased, for ex., soy milk, gluten free pasta (may not be on bid). With Offer vs Serve (OVS), the student only needs to choose 3 out of 4 items at Breakfast, including 1 fruit serving, and 3 out of 5 at Lunch, including 1 fruit or 1 veggie. The student *does not* have to choose an entrée.

### EXAMPLES:

1. Breakfast: Chicken Biscuit, Assorted 2 Grain Cereals, Bananas, OJ, FF Chocolate Milk, 1% White Milk  
Student is allergic to *Oranges* – Can have everything but OJ.
2. Lunch: Rotini w/ Meatballs, Hot Dog, PBJ Uncrustable, Roasted Broccoli, Garden Patch  
Student is allergic to *Peanuts* – Can have everything but Uncrustable

In general: If only one component from each group is offered for the meal, in order to accommodate there must be an alternate component made for the student(s) with the special needs.

## Documents Not Signed by Licensed Medical Authority – Flag Student in POS

SLA is committed to student safety and therefore if documentation received isn't signed by a licensed health care provider, we must make sure that the student doesn't take the item(s) listed, even though we will not make a substitution. With OVS the student doesn't need an entrée to be reimbursable, but if he/she goes home and tells his/her parent/guardian you didn't let them have an entrée because they didn't have a note on file, you probably will get an angry phone call. **Note:** Document does not have to be signed for Religious/Cultural Preferences.

### Options to prevent difficult and challenging phone calls:

1. Ask the parent/guardian to get the document signed.
2. Tell the parent/guardian if he/she would like to send in what the child can have, and SLA will provide the rest of the meal for the student. ***Due to safety and sanitation reasons, SLA cannot, store, hold, or cook items from home.*** For example, if the child can't have wheat, & the menu is a chicken sandwich, the parent can send in a turkey & cheese lettuce wrap. He/she can then come through the line & choose up to 2 fruits, 2 veggies, and a milk, and SLA can claim the meal.
3. The parent/guardian may also choose to buy al la carte when the child cannot eat what is on the reimbursable menu. (And choose 3 components and we can claim a reimbursable meal too.)
4. Depending on the school/program capability, a customer friendly work around would be to come up with "allergen back up menu items" that are easy to make with items you always have on hand or you can keep on hand if needed. Parents/students can call in the morning to order for breakfast/lunch. For example: an "allergy entrée" could be the "Turkey and Cheese Craftable" – this can also be made with just turkey, for students with a milk intolerance.

## A. Modification Within Meal Pattern

*When meal modifications for a child's disability can be made within the Program meal pattern, follow these steps:*

- Diet Modification form must be completed and returned to school nurse. Check with your SFA first and use their form (preferred), but if they don't have one a form is available on the portal under NSLP documents (Form is also included on the following pages).
- School Nurse will share the completed Diet Modification form with the Operations team (the Café Manager [CM] and Area Manager [AM]).
- When SLA manages the POS: The CM and AM will notify the SLA Support Center to flag the student account in the POS.
- When the SFA manages the POS: The CM and AM will notify the SFA representative to flag the student account in the POS.
- The CM and AM will complete the SFA communication form (found on the second page of the Diet Modification Form in LISA) sharing the completed form with the SFA and obtaining their signature.
- The CM will keep all copies of documentation in a secure location on-site, and will communicate all agreed upon plans with the SFA, cashiers and kitchen staff to ensure the integrity of the plan and its implementation.

## B. Modification Due to Disability

*When a child's disability impacts a major bodily function or other major life activity and requires a meal modification, follow these steps. **NOTE: you MUST include the Dietitian:***

- Diet Modification form must be completed and returned to school nurse. Check with your SFA first and use their form (preferred), but if they don't have one a form is available on the portal under NSLP documents (Form is also included on the following pages). A Diet Modification form must be completed **by the student's physician** when a child's disability impacts a major bodily function or other major life activity and requires a meal modification that cannot be accommodated within the planned Program meal pattern.
- School Nurse will share the physician-completed Diet Modification form with the Operations team (the Café Manager [CM] and Area Manager [AM]).
- Upon receipt of the form, the CM and AM will work with SLA's Dietitian to create a plan to accommodate the disability according to the specific requirements of the physician.
- Once the plan is complete:
  - If SLA manages the POS: The CM and AM will notify the SLA Support Center to flag the student account in the POS.
  - If the SFA manages the POS: The CM and AM will notify the SFA representative to flag the student account in the POS.
- The CM and AM will complete the last part of page 2 (signing the form and obtaining the SFA signature, afterward sharing the completed form with the SFA).
- The CM will keep all copies of documentation in a secure location on-site, and will communicate all agreed upon plans with the SFA, cashiers and kitchen staff to ensure the integrity of the plan and its implementations.

## C. Modification Request Due to Religious or Other Cultural Preference

*When meal modification is made for Religious or Other Cultural Preferences, follow these steps:*

SLA is not required to make modifications for religious or cultural preferences, parent dislike, and student dislike. Menus are planned with cultural preferences in mind. However, with signed parent documentation, we will try to accommodate to the best of our abilities, for those who do not eat foods for religious or other cultural preferences, (example vegetarian), as long as it does not require changing the meal pattern or purchasing foods not on bid. This means we can substitute beans for ham as a protein source in a meal if beans are available. Substitutions are based on availability of products we carry in stock. In an NSLP program, if the meal does not meet the meal pattern when a substitution is made, the parent/guardian will have to pay for the meal, even if the child qualifies for the free and reduced meal program.

Students and/or parents can call or make an appointment with the café manager to discuss options. Many schools offer vegetarian items, non-pork products, and other items to order. Staff will track students with notes for religious or cultural preferences whose parents submitted a signed note to that fact, to ensure that a child is told to choose something else in the event they choose an item that contains food they are not supposed to eat. For example, if a note is on file stating a student cannot have pork for religious reasons, and the student chooses a pork hot dog, the staff will tell the child he/she has to choose something else. It would be the responsibility of the parents/students to monitor menus for choices, and pre-order on days when limited options are available.

- Diet Modification form must be completed and returned to Café Manager. Check with your SFA first and use their form (preferred), but if they don't have one a form is available on the portal under NSLP documents (Form is also included on the following pages. **Note: when using SLA form for Religious or Other Cultural Preferences only page 1 needs to be submitted**).
- Café Manager will share the completed Diet Modification form with the Operations team (Area Manager [AM]).
- When SLA manages the POS: The CM and AM will notify the SLA Support Center to flag the student account in the POS.
- When the SFA manages the POS: The CM and AM will notify the SFA representative to flag the student account in the POS.
- The CM and AM will complete the SFA communication form (found on the second page of the Diet Modification Form in LISA) sharing the completed form with the SFA and obtaining their signature.
- The CM will keep all copies of documentation in a secure location on-site, and will communicate all agreed upon plans with the SFA, cashiers and kitchen staff to ensure the integrity of the plan and its implementation.

# FOOD SERVICE DIET ORDER FORM (ENGLISH)

for Special Nutritional needs ***Annual*** Medical Statement for Students

If your child needs food substitutions, please ask your Licensed Medical Authority (physician, nurse practitioner, physician's assistant, or registered dietitian) to **complete and sign\*** this form, then return it to your child's school nurse with a copy to your School Cafeteria. (Prescription or health official generated paperwork may be attached to this form.)

\* If the document is not signed by a licensed healthcare provider, café staff will ensure that your child does not received the food that may harm them but will not receive a substitution. Contact your café manager for assistance.

If there are changes or the substitution no longer applies, changes/cancelation must be prescribed by a physician, nurse practitioner, physician's assistant, or registered dietitian.

*Due to safety and sanitation reasons, SLA cannot, store, hold, or cook items from home.*

**Part I (to be filled out annually and completely by parent or guardian)      Date : \_\_\_\_\_**

<b>Parent/Guardian: Complete Items 1 - 10</b>			
<b>1) Student's Last Name</b>	<b>2) First Name</b>	<b>3) Date of Birth</b>  Age _____	<b>4) Circle Meals Eaten at School</b> Breakfast   Lunch Snack   Supper
<b>5) Parent/Guardian Signature</b>	<b>6) Print Name of Parent/Guardian</b>	<b>7) Parent Phone Number(s)</b> Home : (      ) _____ Cell : (      ) _____ Night Phone : (      ) _____	
<b>8) Mailing Address</b>			
<b>9) School</b> _____ <b>Grade</b> _____ <b>School Year</b> <i>20</i> <b>to</b> <i>20</i>			
<b>10) Religious/Cultural</b> No Pork ____ No Beef ____ Other _____			
<b>Note to parents, if you are submitting this form for your child for religious or cultural preferences, you only have to submit page 1 to the Café Manager.</b>			
<b>Cafeteria Manager: Complete Items 11 - 18</b>			
<b>11) School Name</b> (Include EEC name, if applicable)		<b>12) Check Site Type:</b> <input type="checkbox"/> Prep <input type="checkbox"/> Satellite <input type="checkbox"/> Finishing School	
<b>13) School Nurse</b>	<b>14) School Nurse's Phone #</b>	<b>15) School Fax #</b>	
<b>16) Cafeteria Manager (C.M.)</b>	<b>17) C.M. Email Address</b>	<b>18) Cafeteria Phone #</b>	

Is there an IEP in place at the school that includes dietary restrictions?      Y      N

Licensed Physician ONLY: Complete Items 19 - 30

19) Does the student have a disability, medical condition or severe food allergy warranting a special diet?

The disability or medical condition must limit a major life activity such as breathing or learning, and the food allergy must result in a reaction that is life-threatening and/or severely impacts the student's ability to function in school.

- YES If "YES", continue to complete the remainder of this form.
- NO If "NO", STOP HERE. A SPECIAL DIET IS NOT WARRANTED.

20) Disability, Medical Condition, or Severe Food Allergy: Also provide a brief description of the **major life activity** (i.e. breathing, learning) affected by the disability or **severe and/or life-threatening reaction** resulting from the food allergy.

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21) Diet Prescription: *(For carbohydrate or protein restrictions, include the level allowed for each meal)*

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22) Food Allergies: Indicate the level of sensitivity to the food(s) the child is allergic to:

- Omit all sources of this food    **OR**     Omit major sources of this food (small amounts are tolerated)

23) Food(s) to be Omitted and Suggested Substitutions:

Food(s) to Omit	Suggested Substitution(s)
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<hr/>	<hr/>
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24) Texture Modification: If needed, circle one appropriate for the student:    **CHOPPED    GROUND    PUREED**

**LICENSED PHYSICIAN'S INFORMATION:** *Food Service Diet Order Form will be returned to parent/guardian and NO accommodations will be made if this section is not filled in its entirety.*

25) Medical Authority's Signature

26) Medical Authority's Printed Name

27) Medical License Number

28) Telephone Number & Medical Office Stamp

29) Date

30) Name & Phone of Registered Dietitian Following Student:

*\*If the above information has been shared on an alternative form (provided by the SFA), complete only the bottom portion of this document and maintain on file.*

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**Registered Dietitian Signature****DATE**

*\*Note: when modification is required, ensure SLA and Sponsor Staff are informed and in agreement*

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**SLA Café Manager Signature****DATE**

*\*By signing you confirm the following:*

- *I have received the requested modifications and will ensure implementation of the prescribed dietary plan.*
- *A copy of all Diet Modification information will be kept securely.*
- *This information has been shared with all appropriate café staff and cashiers.*

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**Sponsor Representative Signature****DATE**

*\*By signing you confirm the following:*

- *As the Sponsor representative, I have communicated with FSMC staff to ensure the student is appropriately accommodated, **and** a copy of all Diet Modification information will be kept securely with the student file.*

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: How to File a Complaint, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# ORDEN PARA SUSTITUCIÓN DE ALIMENTOS (ESPAÑOL)

Para necesidades de nutrición especial (Annual) por orden médica

Si su niño necesita sustitución de alimentos, por favor contacte a su proveedor de la salud licenciado para completar y firmar esta forma. Una vez completada deberá devolver a su enfermera escolar con una copia a su Cafetería Escolar. (Prescripción u orden médica puede ser adjuntada a esta forma.)

\*Si el documento no está firmado por un proveedor de la salud licenciado, el personal de la cafetería se asegurará que su niño no reciba los alimentos que le pudieran hacer daño pero no recibirá una sustitución. Contacte a su gerente de Cafetería para asistencia.

De haber cambios a su previa orden sometida o su sustitución de alimentos ya no aplica, cambios/cancelaciones deberán ser prescritas por un proveedor de la salud licenciado.

Debido por razones de salud e higiene, SLA no puede, guardar, retener o cocinar alimentos preparados en la casa.

**Parte I (para ser completado anualmente por un padre/madre o tutor.)**      **Date (Fecha):** \_\_\_\_\_

<b>Parent/Guardian: Complete Items 1 - 10 (Padre/madre/tutor: Completa cajitas 1-10)</b>			
<b>1) Student's Last Name</b> ( <i>Apellido del estudiante</i> )	<b>2) First Name</b> ( <i>Nombre del estudiante</i> )	<b>3) Date of Birth</b> ( <i>Fecha de nacimiento</i> )  Age ( <i>años</i> ) _____	<b>4) Circle Meals Eaten at School</b> ( <i>Circule las comidas que su niño/a come en la escuela</i> )  Breakfast    Lunch    Snack (Desayuno)    (Amuerzo)    (Bocadillo)  Supper (Cena)
<b>5) Parent/Guardian Signature</b> ( <i>Firma del Padres/Tutor</i> )	<b>6) Print Name of Parent/Guardian</b> ( <i>Escriba en letra de molde el nombre del padre/Tutor</i> )	<b>7) Parent Phone Number(s)</b> ( <i>Numero(s) de telefono del padres</i> ) Home ( <i>Casa</i> ): (    ) _____ Cell ( <i>Celular</i> ): (    ) _____ Night Phone ( <i>Noche</i> ): (    ) _____	
<b>8) Mailing Address</b> ( <i>Dirección posta, ciudad, estado, código postal</i> )			
<b>9) School</b> ( <i>Escuela</i> )		<b>Grade</b> ( <i>Grado</i> )	<b>School Year</b> ( <i>Año Escolar</i> ) <b>20</b> to <b>20</b>
<b>10) Religious/Cultural Preference</b> ( <i>preferencias culturales/religiosas</i> ) <b>No Pork</b> ____ <b>No Beef</b> ____ <b>Other</b> _____ <small>(No carne de cerdo) (No carne de res) (Otro)</small> <b>Note to parents, if you are submitting this form for your child for religious or cultural preferences, you only have to submit page 1 to the Café Manager.</b> (Nota para los padres, si está enviando este formulario para su hijo por preferencias religiosas o culturales, solo tiene que enviar la página 1 al Manager de su Cafetería.)			
<b>Cafeteria Manager: Complete Items 11 - 18</b>			
<b>11) School Name</b> (Include EEC name, if applicable)	<b>12) Check Site Type:</b> <input type="checkbox"/> Prep <input type="checkbox"/> Satellite <input type="checkbox"/> Finishing School		
<b>13) School Nurse</b>	<b>14) School Nurse's Phone #</b>	<b>15) School Fax #</b>	
<b>16) Cafeteria Manager (C.M.)</b>	<b>17) C.M. Email Address</b>	<b>18) Cafeteria Phone #</b>	

Is there an IEP in place at the school that includes dietary restrictions?      **Y**      **N**



Licensed Physician ONLY: Complete Items 19 - 30

19) Does the student have a disability, medical condition or severe food allergy warranting a special diet?

The disability or medical condition must limit a major life activity such as breathing or learning, and the food allergy must result in a reaction that is life-threatening and/or severely impacts the student's ability to function in school.

- YES If "YES", continue to complete the remainder of this form.  
 NO If "NO", STOP HERE. A SPECIAL DIET IS NOT WARRANTED.

20) Disability, Medical Condition, or Severe Food Allergy: Also provide a brief description of the **major life activity** (i.e. breathing, learning) affected by the disability or **severe and/or life-threatening reaction** resulting from the food allergy.

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21) Diet Prescription: *(For carbohydrate or protein restrictions, include the level allowed for each meal)*

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22) Food Allergies: Indicate the level of sensitivity to the food(s) the child is allergic to:

- Omit all sources of this food **OR**  Omit major sources of this food (small amounts are tolerated)

23) Food(s) to be Omitted and Suggested Substitutions:

Food(s) to Omit	Suggested Substitution(s)
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24) Texture Modification: If needed, circle one appropriate for the student: **CHOPPED GROUND PUREED**

**LICENSED PHYSICIAN'S INFORMATION:** *Food Service Diet Order Form will be returned to parent/guardian and NO accommodations will be made if this section is not filled in its entirety.*

25) Medical Authority's Signature

26) Medical Authority's Printed Name

27) Medical License Number

28) Telephone Number & Medical Office Stamp

29) Date

30) Name & Phone of Registered Dietitian Following Student:

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**Registered Dietitian Signature****DATE**

*\*Note: when modification is required, ensure SLA and Sponsor Staff are informed and in agreement*

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**SLA Café Manager Signature****DATE**

*\*By signing you confirm the following:*

- *I have received the requested modifications and will ensure implementation of the prescribed dietary plan.*
- *A copy of all Diet Modification information will be kept securely.*
- *This information has been shared with all appropriate café staff and cashiers.*

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**Sponsor Representative Signature****DATE**

*\*By signing you confirm the following:*

- *As the Sponsor representative, I have communicated with FSMC staff to ensure the student is appropriately accommodated, **and** a copy of all Diet Modification information will be kept securely with the student file.*

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: How to File a Complaint. y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

- (1) correo: 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; o
- (3) correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución es un proveedor que ofrece igualdad de oportunidades.