

MEAL MODIFICATION REQUEST INSTRUCTIONS

Important! Determine which type of request is needed (see #1 & #2 below). Then, carefully read and follow the steps for that type of request. If the form is not complete, the school/agency will follow up with the parent/guardian about the request. **We recommend that you keep a copy of the form that is turned into to school/agency.** If you have any questions about this form, contact the school/agency.

Definitions:

- An **'agency'** might be a school, child care center, adult day care center, child care home, sponsoring organization, or institution.
- A **'participant'** would be a student, child, or adult (in a day care setting) who receives meals at an agency.

Note to Parent/Guardian/Participant: As required in FNS Instruction 783, Rev. 2, Section V Cooperation: When working with a meal modification request, food service staff should work closely with the parent(s) / guardian(s) / participant(s) or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being, and education of a participant with a condition that limits a major life activity to ensure that reasonable steps are taken that will allow the individual's participation in the meal service.

1. Meal Modification Request due to a condition that limits a major life activity:

- A school/agency **must** provide a meal modification for a condition that limits a major life activity. You will find more information about what is considered a major life activity below. A participant does not need to be labeled as having a 'disability' in order to need a meal modification.
- If you are asking for a meal modification that is based on a condition that limits a major life activity, a meal modification request form (alternate form allowed) is required. The following sections must be completed when submitting a modification request for this reason.
 - **Part A** of this form must be completed by the parent/guardian/participant.
 - **Part B** of this form must be completed by both the parent/guardian and program operator to understand what the meal patterns require.
 - **Part C and Part D**
 - If box labeled A is checked (✓) in Part B, a licensed physician (MD or DO), physician's assistant (PA), nurse practitioner (NP), or registered dietitian (RD) **MUST COMPLETE** Part C and **MUST SIGN** the request in Part D (#16, #17, & #18)
 - If box labeled B is checked (✓) in Part B, both the parent/guardian and program operator are encouraged to work together to meet the meal pattern requirements.
 - If the school/agency is able to make the meal modification request and still follow the meal pattern requirements, the form does not need to be signed by a recognized medical authority or registered dietitian. However, the school/agency may request a completed meal modification form that is signed by a recognized medical authority or registered dietitian. If a signed meal modification form is requested by the school/agency, the school/agency must provide the alternate meal while waiting for the signed form.
 - The parent/guardian should sign Part D of the form, #19, #20, & #21.
- **Discontinuing a Meal Modification:** A meal modification request based on a condition that limits a major life activity should be followed by the school/agency until a parent/guardian or recognized medical authority/registered dietitian provides a signed statement confirming that the modification is no longer necessary for their child.
- Medical statements are not required to be updated on a regular basis. However, parents/guardians are strongly encouraged to look at the modification request each year to make sure the modification is still correct and needed.

2. Meal Modification Request due to a lifestyle choice, general health concern, etc.:

- A school/agency is **not required** to provide a meal modification for requests that are based on lifestyle choices, general health concerns, or other reasons that do not impact a major life activity. If modifications are made, they must fully meet the meal pattern.
- If you are asking for a meal modification that is based on a lifestyle choice, general health concerns or other reasons that do not impact a major life activity, the following sections must be completed when submitting a request.
 - Part A of this form must be completed by the parent/guardian/participant.
 - Part B of this form must have the box labeled C checked (✓).
 - Both the parent/guardian and program operator are encouraged to work together to meet the meal pattern requirements.
 - Parent/guardian should sign Part D of the form (#20, #21, & #22).
- **Discontinuing a Meal Modification:** If the school/agency provides a meal modification for this reason, the requested modification should continue until a parent/guardian provides a signed statement confirming that the modification is no longer necessary for their child.
- Parents/guardians are strongly encouraged to look at the modification request each year to make sure the modification is still correct.

42 USC § 12102 – DEFINITION OF DISABILITY

(1) Disability: The term “disability” means, with respect to an individual—

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment (as described in paragraph (3)).

(2) Major life activities

- (A) In general, for purposes of paragraph (1), major life activities 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.
- (B) Major bodily functions, for purposes of paragraph (1), a major life activity also includes 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.

(3) Regarded as having such an impairment

For purposes of paragraph (1)(C): (A) An individual meets the requirement of “being regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.

Definition of Recognized Medical Authority

Per USDA Memos SP 26-2017, CACFP 14-2017, SFSP 10-2017, SP 07-2025, and CACFP 07-2025, the medical statement may be signed by a registered dietitian or a state-licensed healthcare professional authorized to write medical prescriptions on behalf of participants with disabilities.

In addition to Medical Doctors (MD), Doctors of Osteopathy (DO), Nurse Practitioner, and Physician Assistant (PA), the South Dakota Board of Osteopathic Medical Examiners identify Certified Nurse Practitioners (CNP) and Certified Nurse Midwives (CNM) as capable of writing prescriptions, thus identified as recognized medical authorities who may sign a Meal Modification Request.

The licensing of physicians (pursuant to SDCL 36-4-9) does not include chiropractors, opticians, dentists, orthodontists, or physical therapists. Although some of the above-named healthcare providers use the title “Dr.” in front of their name, only physicians licensed pursuant to SDCL 36-4-9 may append the letters M.D. or D.O. to their name (SDCL 36-4-9). Therefore, signatures on Meal Modification Requests based on conditions that affects major life activities will be considered valid only if the physician uses, or is licensed to use, M.D. or D.O. after his/her name.

A parent who is an M.D., D.O., PA, CNP, CNM, or registered dietitian may sign his or her own child’s meal modification request.

REQUEST FOR MEAL MODIFICATION

Part A	1. School/Agency	2. Site Name	3. Site Telephone					
	4. Name of Participant/Child		5. Date of Birth					
	6. Name of Parent /Guardian		7. Parent/Guardian Phone Number					
	8. Parent/Guardian Email		9. School/Agency Email					
Part B	<p>10. Check One (The school/agency can help you understand the meal pattern requirement.)</p> <p><input type="checkbox"/> A. Participant has a condition which limits a major life activity. Accommodations may or may not be made within the meal pattern. The program operator requests the meal modification be completed by a registered dietitian or a medical authority. A licensed physician (MD or DO), physician's assistant (PA), nurse practitioner (NP), or registered dietitian (RD) must sign this request.</p> <p><input type="checkbox"/> B. Participant has a condition which limits a major life activity. Accommodations can be made within the meal pattern. The program operator is not requesting for a registered dietitian or licensed physician to sign off on this request.</p> <p><input type="checkbox"/> C. Participant is requesting a modification due to religious, cultural, or personal preference. Any substitutions must fully meet the meal pattern. Program operators are encouraged to make reasonable substitutions to meals on a case-by-case basis but are not required to do so.</p> <p>If letter A is checked, STOP HERE. A licensed physician (MD or DO), physician's assistant (PA), nurse practitioner (NP), or registered dietitian (RD) must fill out the remainder of this form and sign the request.</p> <p>If letter B or C is checked, CONTINUE ON. The program operator and parent/guardian are encouraged to work together to accommodate within the meal pattern requirements.</p>							
	<p>11. Describe how the physical or mental condition/impairment(s) listed above restricts this child's diet.</p> <p> <input type="checkbox"/> Ingestion causes GI distress <input type="checkbox"/> Ingestion causes choking <input type="checkbox"/> Food/texture aversion <input type="checkbox"/> Ingestion causes organ damage <input type="checkbox"/> Indigestion causes anaphylaxis <input type="checkbox"/> High caloric needs <input type="checkbox"/> Limits ability to chew <input type="checkbox"/> Ingestion causes hives/rash <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific nutrient of concern (please specify & explain): _____ </p>							
Part C	<p>12. If the impairment restricts specific foods, please specify below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> Dairy, please clarify <input type="checkbox"/> Fluid Milk <input type="checkbox"/> Ice Cream <input type="checkbox"/> Cheese <input type="checkbox"/> Yogurt <input type="checkbox"/> Soy <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish </td> <td style="width: 25%; vertical-align: top;"> Eggs, please clarify <input type="checkbox"/> Whole Eggs (ex. scrambled, hard boiled, etc.) <input type="checkbox"/> All foods with egg/egg derivatives <input type="checkbox"/> Wheat <input type="checkbox"/> Gluten <input type="checkbox"/> Other, please list: _____ </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Sesame <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts (ex. almond, pecan, walnut, etc.) <input type="checkbox"/> Check this box if the participant CANNOT tolerate the selected food items in BAKED goods: Comments _____ </td> <td style="width: 25%;"></td> </tr> </table>				Dairy, please clarify <input type="checkbox"/> Fluid Milk <input type="checkbox"/> Ice Cream <input type="checkbox"/> Cheese <input type="checkbox"/> Yogurt <input type="checkbox"/> Soy <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	Eggs, please clarify <input type="checkbox"/> Whole Eggs (ex. scrambled, hard boiled, etc.) <input type="checkbox"/> All foods with egg/egg derivatives <input type="checkbox"/> Wheat <input type="checkbox"/> Gluten <input type="checkbox"/> Other, please list: _____ 	<input type="checkbox"/> Sesame <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts (ex. almond, pecan, walnut, etc.) <input type="checkbox"/> Check this box if the participant CANNOT tolerate the selected food items in BAKED goods: Comments _____	
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<p>13. If foods are to be eliminated from the diet, please recommend substitutions. *If a milk substitution does not meet the nutrient profile equivalent of fluid cow's milk, a major life activity must be involved and a recognized medical authority must sign the form.</p>								
<p>14. Indicate texture consistency, if needed.</p> <input type="checkbox"/> Mechanical Soft Solids & Chopped Meats <input type="checkbox"/> Fork Mashable Solids & Ground Meats <input type="checkbox"/> Pureed Solids & Meats <input type="checkbox"/> Other (Specify): _____		<p>15. Indicate liquid consistency, if needed.</p> <input type="checkbox"/> Thin <input type="checkbox"/> Honey Thick <input type="checkbox"/> Nectar Thick <input type="checkbox"/> Pudding Thick						
Part D	16. Medical Authority's Printed Name		19. Parent/Guardian's Printed Name					
	17. Medical Authority's Signature	18. Date	20. Parent/Guardian's Signature	21. Date				

For more information about meal modifications in the Child Nutrition Programs, please refer to the following resources:

- **SP 40-2017:** 2017 Edition: Accommodating Children with Disabilities in the School Meal Programs
<https://www.fns.usda.gov/sites/default/files/cn/SP40-2017os.pdf>
- **SP 26-2017:** Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As)
<https://www.fns.usda.gov/sites/default/files/cn/SP26-2017os.pdf>
- **SP 40-2017a:** Guidance for School Food Service Professionals
<https://www.fns.usda.gov/sites/default/files/cn/SP40-2017a1.pdf>
- **CACFP14 SFSP10-2017:** Policy Memorandum on Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program
https://www.fns.usda.gov/sites/default/files/cacfp/CACFP14-2017_SFSP10-2017os.pdf
- **SP 07-2025, CACFP 07-2025:** Requirement to Accept Medical Statements from Registered Dietitians for Schools and Child and Adult Care Institutions and Facilities
https://www.fns.usda.gov/sites/default/files/resource-files/SP07-2025_CACFP07-2025os.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.