Instructions for the Medical Statement for Meal Modifications in School Nutrition Programs

Please print all information and submit the completed *Medical* Statement *for Meal Modifications in the School Nutrition Programs* form to the child's school.

- The parent or guardian completes and signs section A.
- The child's state licensed healthcare professional or registered dietitian completes and signs section B.

Any changes to the child's special dietary needs require the submission of a new medical statement signed by the child's state-licensed healthcare professional or registered dietitian.

Section A: Completed by Parent or Guardian

- **Name of child:** Print the child's name.
- **Birth date:** Print the child's birth date (month, day, and year).
- **Name of parent or guardian:** Print the name of the child's parent or guardian who is completing the child's medical statement.
- **Phone number (with area code):** Print the telephone number of the parent or guardian, including area code.
- **Email address:** Print the email address of the parent or guardian.
- **Address:** Print the address of the parent or guardian, including street, city, state, and zip code.
- **Authorization for Health Insurance Portability and Accountability Act (HIPPA) and Family Educational Rights and Privacy Act (FERPA):** Print the name of the state licensed healthcare professional or registered dietitian 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.
- **Signature of parent or guardian:** Signature of the parent or guardian who is completing the child's medical statement.
- **Date:** Print the date the parent or guardian signs the form.

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Section B: Completed by State Licensed Healthcare Professional or Registered Dietitian

This section must be completed and signed by the child's physician (MD), physician assistant (PA or PAC), doctor of osteopathy (DO), advanced practice registered nurse (APRN), or registered dietitian (RD or RDN).

1. **Physical or mental impairment:** Check (☑) the appropriate box to indicate if the child has a physical or mental impairment that restricts their diet. If "Yes," describe how the child's physical or mental impairment restricts the child's diet.

2. **Diet plan:** Explain the meal modification for the child. Provide detailed information to ensure proper implementation. For food allergies, identify the foods to be omitted and recommended 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.

3. **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.

4. **Food texture:** Check (☑) the appropriate box for any texture modifications and list any foods that require a change in texture, e.g., cut up or chopped into bite-size pieces, finely ground, or pureed. Describe any specific requirements for texture modifications. Indicate if all foods should be prepared in this manner.

5. **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.

6. **Additional information:** Indicate any other information about the child's eating or feeding patterns that will assist in providing the requested meal modification.

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Signature and Office Stamp of State Licensed Healthcare Professional or Registered Dietitian

- **Name:** Print the name of the state licensed healthcare professional or registered dietitian.
- **Signature:** Signature of the state licensed healthcare professional or registered dietitian who is completing the child's medical statement.
- **Phone number (with area code):** Print the office telephone number of the state licensed healthcare professional or registered dietitian, including area code.
- **Date:** Print the date the state licensed healthcare professional or registered dietitian signs the form.
- **Office stamp, if available:** Stamp the form with the state licensed healthcare professional or registered dietitian's office stamp.

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For more information, visit the Connecticut State Department of Education's (CSDE) Special Diets in School Nutrition Programs webpage or contact the school nutrition programs staff at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This document is available at https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/medical_statement_snp_instructions.pdf.

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

Instructions for the Medical Statement for Meal Modifications in School Nutrition Programs

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race; color; religious creed; age; sex; pregnancy; sexual orientation; workplace hazards to reproductive systems, gender identity or expression; marital status; national origin; ancestry; retaliation for previously opposed discrimination or coercion, intellectual disability; genetic information; learning disability; physical disability (including, but not limited to, blindness); mental disability (past/present history thereof); military or veteran status; status as a victim of domestic violence; or criminal record in state employment, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes. Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Attorney Louis Todisco, Connecticut State Department of Education, by mail 450 Columbus Boulevard, Hartford, CT 06103-1841; or by telephone 860-713-6594; or by email louis.todisco@ct.gov.

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