

# INTEROFFICE CORRESPONDENCE

## Los Angeles Unified School District

**TO:** Food Services Manager (FSM)

**DATE:** July 26, 2019

**FROM:** Food Services Division

**SUBJECT:** Procedure for Requesting Special Meals and Fluid Milk Substitutions

**NEW for 2019/2020**

**Early Education Students:** The 2019/2020 LAUSD Medical Statement to Request Special Meals, includes a check off box to indicate if the student requesting the special diet is an EEC student. It is the responsibility of the FSM to complete this section of the form.

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**Included in this memo:**

1. Where to Send Completed Special Meal Request Forms
2. Previously Submitted Special Meal Requests
3. General Special Diet Procedures for the Food Service Manager
4. Fluid Milk Substitutions
5. 2019/2020 LAUSD Medical Statement to Request Special Meals Form and Instructions
6. Parent/Guardian Statement to Discontinue a Special Diet
7. Parental Request to Substitute Soy Milk for Fluid Milk

**Where to Send Completed Special Meal Request Forms**

District	Nutrition Specialist	Email	Phone
Northwest & Northeast	Stephanie Marks	<a href="mailto:stephanie.marks@lausd.net">stephanie.marks@lausd.net</a>	213-241-2994
Central	Homa Hashemi	<a href="mailto:homa.hashemi@lausd.net">homa.hashemi@lausd.net</a>	213-241-2969
West & South	Lynn Uusitalo	<a href="mailto:lynn.uusitalo@lausd.net">lynn.uusitalo@lausd.net</a>	213-241-3037
East	Ivy Marx	<a href="mailto:ivy.marx@lausd.net">ivy.marx@lausd.net</a>	213-241-1064

**Previously Submitted Special Meal Requests**

If a Special Meal Request was submitted for the 2018/2019 school year and there are no changes to the diet prescription, the 2018/2019 form can be honored for the 2019/2020 school year.

The following steps must be taken if a previously submitted form will be used for 2019/2020:

1. The parent/guardian will sign and date the previously submitted form.
2. The Food Service Manager will send it to their assigned Nutrition Specialist.
3. The Nutrition Specialist will provide special diet instructions for the 2019/2020 school year.

## General Special Diet Procedures for the Food Service Manager

1. The Food Service Manager (FSM) will provide the **2019/2020 LAUSD Medical Statement to Request Special Meal Form (rev. 7/2019)** to the parent/guardian requesting a special diet and will review the form and answer questions as needed.
2. The FSM will receive the completed forms. The FSM must check that all sections of the form are complete. Incomplete forms submitted to the Nutrition Specialist will be returned to the FSM.
3. If a written medical statement is submitted, the following must be included:
  - a) Student's Date of Birth
  - b) Name of Parent/Guardian
  - c) Name of School
  - d) Food Service Manager name, email address, and cafeteria phone number
4. Scan and email the completed forms/statement to your Nutrition Specialist. Keep the original on file in the cafeteria.
5. Completed forms/statements will be reviewed and processed by the Nutrition Specialist.
6. The FSM will receive (via email) an approved diet or will be informed why a request could not be fulfilled.
7. The FSM must provide a copy of the special diet information to the **Parent/Guardian, School Nurse, and Section 504 Coordinator.**
8. The FSM is responsible for ordering and providing all special meals including Newman Nutrition Center meals.

## How to Request a Fluid Milk Substitute

This chart shows which document can be used to request a specific milk substitute.

Document That Can be Used to Request Substitute	Fluid Milk Substitute Being Requested			
	Almond Milk	Rice Milk	Soy Milk	Juice
2019/2020 LAUSD Medical Statement to Request Special Meals	YES	YES	YES	YES
Written Medical Statement from a Licensed Healthcare Professional ( <i>MD/DO, PA, NP</i> )	YES	YES	YES	YES
Parental Request to Substitute Soy Milk for Fluid Milk <i>(Does <u>not</u> require a signature from a Healthcare Professional.)</i>	NO	NO	YES	NO

**2019/2020 LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS (rev. 7/2019)**

<b>A. Parent/Guardian: Complete the following (1-6)</b>		
<b>1. Student Last Name</b> ( <i>Apellido</i> )	<b>2. Student First Name</b> ( <i>Nombre del estudiante</i> )	<b>3. Date of Birth</b> ( <i>Fecha de nacimiento</i> )
<b>4. Parent/Guardian Name</b> ( <i>Escriba en letra de molde el nombre del padres</i> )		<b>5. Parent/Guardian Phone #</b> ( <i>Numero(s) de teléfono del padres</i> ): <input type="checkbox"/> Home ( <i>Casa</i> ) / <input type="checkbox"/> Cell ( <i>Celular</i> ): (        ) Email Address ( <i>Correo Electrónico</i> ):
<b>6. Meals Eaten At School</b> ( <i>Marque las comidas que su niño/a come en la escuela</i> ) <input type="checkbox"/> <b>Breakfast</b> ( <i>Desayuno</i> ) <input type="checkbox"/> <b>Lunch</b> ( <i>Amuerzo</i> ) <input type="checkbox"/> <b>Snack</b> ( <i>Bocadillo</i> ) <input type="checkbox"/> <b>Supper</b> ( <i>Cena</i> )		

<b>B. Food Services Manager (FSM): Complete the following (7-14)</b>			
<b>7. School Name</b>	<b>8. Loc. Code #</b>	<b>9. District</b>	<b>10. Kitchen Type</b> <input type="checkbox"/> PREP <input type="checkbox"/> NNC
<b>11. FSM Name</b>	<b>12. FSM Email</b> _____@lausd.net	<b>13. Cafeteria Phone #</b> (        )	<b>14. Is this an EEC Student?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>C. Healthcare Professional (Licensed Physician, Physician Assistant or Nurse Practitioner): Complete the following (15-27).</b>	
<b>15. Description of Child's Physical or Mental Impairment Affected:</b> ( <i>Describe how the physical or mental impairment restricts the child's diet</i> ) _____ _____	
<b>16. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:</b> ( <i>Describe a specific diet or accommodation that has been prescribed</i> ) _____ _____	
<b>17. Indicate Texture:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed	
<b>18. Foods to be Omitted and Substitutions</b> ( <i>List specific foods to be omitted and specific foods to include. Attach separate sheet if needed</i> )	
<b>A. Foods to be Omitted (Specific Foods to Omit)</b> _____ _____ _____	<b>B. Suggested Substitutions (Specific Foods to Include)</b> _____ _____ _____

<b>19. Adaptive equipment to be used</b> ( <i>If applicable, describe specific equipment required to assist child with dining</i> ): _____		
<b>20. &amp; 21:</b> Complete these sections <u>only</u> if applicable to this student.	<b>20. Milk/Dairy Allergy or Intolerance: This student is <u>NOT</u> able to eat/drink the following (check off all that apply):</b> <input type="checkbox"/> Fluid Cow's Milk <input type="checkbox"/> Lactose Free Cow's Milk <input type="checkbox"/> Baked Goods containing Milk/Dairy products <input type="checkbox"/> Yogurt <input type="checkbox"/> Cheese <input type="checkbox"/> Condiments containing Milk/Dairy products	
	<b>21. Egg Allergy or Intolerance: This student is <u>NOT</u> able to eat the following (check off all that apply):</b> <input type="checkbox"/> Scrambled Eggs/Egg Patties <input type="checkbox"/> Condiments containing eggs ( <i>mayonnaise, salad dressings, etc.</i> ) <input type="checkbox"/> Baked Goods containing eggs <input type="checkbox"/> Foods containing eggs as a minor ingredient	
<b>22. Name of Licensed Healthcare Professional:</b>	<b>23. Signature of Licensed Healthcare Professional:</b>	<b>24. Date:</b>
<b>25. Check One:</b> <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> Nurse Practitioner		<b>26. Healthcare Professional's Phone #:</b> (        )
<b>27. Name/Phone # of Registered Dietitian following student</b> ( <i>if applicable</i> ):		

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## **INSTRUCTIONS FOR 2019/2020 LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS (REV. 7/2019)**

1. Parent/Guardian completes Section "A".
2. Food Service Manager (FSM) completes Section "B".
3. State Licensed Healthcare Professional completes Section "C".
4. **Incomplete request forms will not be processed.** All fields of the form must be filled in.
5. Submit the completed form to the FSM. The FSM will send the completed form to the Nutrition Specialist (NS). The NS will process the request and send the special diet to the FSM. The FSM will keep the special diet on file and give a copy to the parent/guardian, school nurse, and Section 504 coordinator.
6. Special meals are not provided to accommodate food preferences or religious convictions.
7. You may visit the LAUSD website at <http://cafe-la.lausd.net> and print the monthly menu, "Food Allergen and Ingredient List", "Nutrient Analysis" and "Carbohydrate Count".

### **Lactose-Free Fluid Milk**

Lactose-free fluid milk is offered as part of the reimbursable meal. No form is required.

### **IMPORTANT NOTES:**

- The State Licensed Healthcare Professional signing this form must complete all lines in Section C. **A detailed narrative is required for questions number 15 and 16.** Additional pages may be attached to this form if necessary. **If all sections are not complete, the form will be returned.**
- For the purpose of this form, a state licensed healthcare professional in California is a **Licensed Physician, Physician Assistant or Nurse Practitioner.**

**Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and the ADA Amendment Act of 2008:**

**A person with a disability** is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**Physical or mental impairment** means (a) 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; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**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.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

**"Has a record of such an impairment"** means a person has or has been classified (or misclassified) as having a history of mental or physical impairment that substantially limits one or more major life activities.

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DIVISION  
Parent/Guardian Statement to Discontinue a Special Diet  
2019/2020**

**Directions:**

1. The parent/guardian of a child who is currently receiving a special diet but no longer requires the special diet can complete this form to discontinue the diet.
2. Return the completed form to the Food Service Manager at your child's school.
3. The Food Service Manager will send the form to the Nutrition Specialist and the special diet will be discontinued.

**School:** \_\_\_\_\_

**Location Code:** \_\_\_\_\_

**Food Service Manager:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_  
(Nombre del estudiante)

**Date of Birth:** \_\_\_\_\_  
(Fecha de nacimiento)

**Parent/Guardian Statement:** *My child no longer requires a special diet. I would like him/her to receive meals from the standard menu.*

**Signature of Parent/Guardian:** \_\_\_\_\_  
(Escriba en letra de molde el nombre del padres)

**Date:** \_\_\_\_\_

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**LOS ANGELES UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DIVISION**

**Parental Request to Substitute Soy Milk for Fluid Milk**

1. Parents/Guardians may request soy milk for their child as a substitute for fluid cow's milk due to medical or other special dietary need. A medical authority signature is **not** required for this form.
2. Complete form below. Give the completed form to the Food Service Manager.
3. The Food Service Manager will keep the completed form on file in the school cafeteria office.

<b>PARENT/GUARDIAN REQUEST TO SUBSTITUTE SOY MILK FOR FLUID MILK</b>		
<b>1. Student Last Name</b>	<b>2. Student First Name</b>	<b>3. Date of Birth</b>
<b>4. School Name</b> <i>(Include EEC, if applicable)</i>	<b>5. Location Code</b>	<b>6. District</b>
<b>7. Food Services Manager Name</b>	<b>8. Food Services Manager Email</b> _____@lausd.net	<b>9. Cafeteria Phone No.</b> (    )
<p><b>10.</b> The above listed student does not have a disability, but is requesting soy milk as a substitute for liquid milk due to a medical or other special dietary need. This form is not intended to accommodate students who drink fluid milk substitutions such as soy milk due to taste preferences. The School Food Authority has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. <b>Juice cannot be offered as a fluid milk substitute for students with medical or special dietary needs that do not rise to the level of a disability.</b></p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitution option. School Districts participating in federal nutrition programs are encouraged, but not required to accommodate reasonable requests.</p> <p><b>The student's parent or legal guardian must sign this form.</b></p>		
<b>11. Medical or other special dietary need requiring soy milk to substitute for fluid milk:</b>		
<b>12. Parent/Guardian Name</b>	<b>13. Parent/Guardian Signature</b>	
<b>14. Parent/Guardian Phone No.</b> (    )	<b>15. Date</b>	

**Please note: When necessary, the information on this form should be updated to reflect the current medical and/or nutritional needs of the student.**

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