

INTEROFFICE CORRESPONDENCE

Los Angeles Unified School District

TO: Food Services Manager (FSM)

DATE: May 8, 2018

FROM: Food Services Division

SUBJECT: Procedure for Requesting Special Meals and Fluid Milk Substitutions

NEW for 2018/2019

- **Previously Submitted Special Meal Requests:** If a Special Meal Request was submitted for the 2017/2018 school year and there are **no changes** to the diet prescription, the 2017/2018 form can be honored for the 2018/2019 school year.

The following steps must be taken if a previously submitted form will be used for 2018/2019:
 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 2018/2019 school year.
 - **Newman Nutrition Sites:** Effective August 2018, the FSM is responsible for ordering the Grocery (Foods Warehouse) and Dairy (Driftwood) items for special diets. The Newman Nutrition Center will no longer provide these items.
 - **Discontinued Special Diets:** The USDA has recommended that a student's parent/guardian provide a written statement when a special diet is discontinued. Attached to this memo is a simple form the parent/guardian can complete. Completed forms are to be sent to the Nutrition Specialist assigned to your school.
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General Procedures

1. The Food Service Manager (FSM) will provide the **2018/2019 LAUSD Medical Statement to Request Special Meal Form (rev. 5/2019)** 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 the forms for the following:
 - ✓ All sections of the form are completed.
 - ✓ The form is signed by a State Licensed Physician, Physician Assistant or Nurse Practitioner.**IMPORTANT: Special Note to FSM** – During the 2017/2018 school year, many special diet forms were received with incomplete school information (Section B). It is very important that the FSM complete Section B before sending the form to the Nutrition Specialist. Incomplete forms cause a delay in providing special diets in a timely manner.
3. If a written medical statement is submitted, the **Student, Parent, and School Information** must be attached.
4. **Incomplete forms/statements submitted to the Nutrition Specialist will be returned to the FSM.**

General Procedures (continued)

5. Completed original forms are to be filed in the Cafeteria. **Scan** and **email** the completed forms/statement to your Nutrition Specialist:

District	Nutrition Specialist	Email	Phone
Northwest & Northeast	Stephanie Marks	stephanie.marks@lausd.net	213-241-2994
Central & East	Homa Hashemi	homa.hashemi@lausd.net	213-241-2969
West & South	Lynn Uusitalo	lynn.uusitalo@lausd.net	213-241-3037

6. Completed forms/statements will be reviewed and processed by the Nutrition Specialist. 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.

Fluid Milk Substitutions for Students Participating in LAUSD School Meal Programs

Fluid Milk Substitutes	How to Request
<ul style="list-style-type: none"> • Almond Milk • Rice Milk • Juice • Soy Milk 	<p>Complete the <i>2018/2019 LAUSD Medical Statement to Request Special Meals (rev. 5/2018)</i>. The Healthcare Professional must specify the milk or juice substitute requested on the form in Section 18, "Suggested Substitutions".</p> <p style="text-align: center;">OR</p> <p>Provide a written medical statement from a State licensed Health Care Profession (Physician, Physician Assistant or Nurse Practitioner). The written statement must specify the milk or juice substitute being requested.</p> <p>Soy Milk: If soy milk is the only accommodation needed, the parent/guardian can complete the "Parent/Guardian Request to Substitute Soy Milk for Fluid Milk" form. This form does <u>not</u> require a signature from a Healthcare Professional.</p>

2018/2019 LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS (rev. 5/2019)

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

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

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

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

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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 mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; fax (202) 690-7442 or e-mail: program.intake@usda.gov. This institution is an equal opportunity provider.

INSTRUCTIONS FOR 2018/2019 LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS (REV. 5/2019)

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
2018/2019**

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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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 mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; fax (202) 690-7442 or e-mail: program.intake@usda.gov. This institution is an equal opportunity provider.

**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.

PARENT/GUARDIAN REQUEST TO SUBSTITUTE SOY MILK FOR FLUID MILK		
1. Student Last Name	2. Student First Name	3. Date of Birth
4. School Name <i>(Include EEC, if applicable)</i>	5. Location Code	6. District
7. Food Services Manager Name	8. Food Services Manager Email _____@lausd.net	9. Cafeteria Phone No. ()
<p>10. 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. 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.</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>The student's parent or legal guardian must sign this form.</p>		
11. Medical or other special dietary need requiring soy milk to substitute for fluid milk:		
12. Parent/Guardian Name	13. Parent/Guardian Signature	
14. Parent/Guardian Phone No. ()	15. Date	

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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