

INTEROFFICE CORRESPONDENCE

Los Angeles Unified School District

TO: Food Services Manager (FSM)

DATE: October 3, 2017

FROM: Food Services Division

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

REVISED! The California Department of Education recently revised the special meal request procedures for the Child and Adult Care Food Program. The revised procedures are now the same as for the School Breakfast Program and National School Lunch Program. Because of this change, all programs will use the same form to request special meals.

Students with special dietary needs who participate in any LAUSD school meal program will need to complete one of the following:

❖ **2017/2018 LAUSD Medical Statement to Request Special Meals form (rev. 10/2017)**

❖ **Written Medical Statement**

A written medical statement on a healthcare professional's letterhead may be submitted in place of the LAUSD form.

- All required information must be included in the written statement.
- Attach the **Student, Parent, and School Information for Written Medical Statements** form to all written medical statements. This form includes student, parent, and school information and is to be completed by the Parent/Guardian and the Food Service Manager.
- While a written medical statement can be accepted, the use of the LAUSD Medical Statement form is strongly recommended. Completion of the LAUSD form insures that all necessary information is provided and decreases the possibility that the request will be returned because of missing information.

Previously Submitted Special Meal Requests

If a Special Meal Request has already been submitted for the 2017/2018 school year, a request using the new form is NOT required. This school year, older forms will be honored as long as all required information is on the form submitted.

General Procedures

1. The Food Service Manager (FSM) will provide the **2017/2018 LAUSD Medical Statement to Request Special Meal Form (rev. 10/2017)** 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.
3. If a written medical statement is submitted, the **Student, Parent, and School Information for Written Medical Statements** form must be completed and attached to the medical statement.
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	Linda Boyer	linda.boyer@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.
9. A new request is needed each school year.

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>2017/2018 LAUSD Medical Statement to Request Special Meals (rev. 10/2017)</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;"><u>OR</u></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><u>Soy Milk:</u> 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>

2017/2018 LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS (rev. 10/2017)

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>	
		Home <i>(Casa)</i> : ()	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. School Phone # ()
11. Kitchen Type <input type="checkbox"/> Prep <input type="checkbox"/> NNC	12. FSM Name	13. FSM Email _____@lausd.net	
		14. Cafeteria Phone # ()	

C. Healthcare Professional (Licensed Physician, Physician Assistant or Nurse Practitioner): Complete the following (15-27). (NOTE: ALL SECTIONS <u>MUST</u> BE COMPLETED BEFORE A MODIFIED MEAL CAN BE PROVIDED.)	
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 <u>NOT</u> 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"/> Cheese
	<input type="checkbox"/> Yogurt	<input type="checkbox"/> Baked Goods containing Milk/Dairy products	
	21. Egg Allergy or Intolerance: This student is <u>NOT</u> 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 State Licensed Healthcare Professional:		23. Signature of State Licensed Healthcare Professional:	
24. Check One: <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> Nurse Practitioner		25. Healthcare Professional's Phone #: ()	26. Date:
27. Name/Phone # of Registered Dietitian following student <i>(if applicable):</i>			

INSTRUCTIONS FOR 2017/2018 LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS (REV. 10/2017)

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. A new request is needed each school year.
7. Special meals are not provided to accommodate food preferences or religious convictions.
8. 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".

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.

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.

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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.

STUDENT, PARENT, AND SCHOOL INFORMATION FOR WRITTEN MEDICAL STATEMENTS

Instructions For Submitting a Written Medical Statement

- Written medical statements may be submitted in place of the **2017/2018 LAUSD Medical Statement to Request Special Meals form (rev. 10/2017)**.
- The following information must be included on the written medical statement:
 - Student's Name
 - Description of Child's Physical or Mental Impairment Affected (*Describe how the physical or mental impairment restricts the child's diet.*)
 - Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation (*Describe a specific diet or accommodation that has been prescribed.*)
 - Foods to be omitted from the diet and suggested substitutes
- If a written medical statement is submitted, complete this form to insure all identifying information is available.
- Attach this form to the written medical statement and give it to the Food Service Manager.

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>)	
		Home (<i>Casa</i>): ()	
		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. School Phone # ()
11. Kitchen Type <input type="checkbox"/> Prep <input type="checkbox"/> NNC	12. FSM Name	13. FSM Email _____@lausd.net	14. Cafeteria Phone # ()

ATTACH TO WRITTEN MEDICAL STATEMENT