

INTEROFFICE CORRESPONDENCE

Los Angeles Unified School District

TO: Food Service Manager, Nurse, Parent/Guardian **DATE:** March 19, 2021
FROM: Food Services Division
SUBJECT: Special Diet and Milk Substitution Requests

After completed special diet forms are submitted to Food Services and processed, a Nutrition Specialist completes the diet, and the Food Service Manager (FSM) informs all parties when special diet meals start. Below is information on different special diet requests:

1. **First-Time Special Diet Request:**

- A. Parent completes Section A of the **LAUSD Medical Statement to Request Special Meals* (Special Diet Request Form), gives the form to a health care professional (Licensed Physician, Physician Assistant or Nurse Practitioner) to complete section C, and turns in completed form to FSM.
- B. Please note that special meals are not provided to accommodate food preferences or religious convictions.

**Special Diet Form consists of two pages with instructions and information on page 2.*

2. **Renewing Last Year's Special Diet Request:**

- A. If there are **NO CHANGES** to the student's special diet from last year, then the parent can renew the diet by signing and dating the bottom of the special diet form filed in the cafeteria.
- B. If there are changes to the student's special diet from last year, then parent must submit a new Special Diet Form.

3. **Milk Substitution:**

Beverage Requested	Action or Form Needed
<i>Almond or Rice Milk or Juice</i>	Parent completes section A on the Special Diet Form. A health care professional completes section C. Parent gives the completed form to Food Service Manager.
<i>Soy Milk</i>	Parent completes the <i>Parental Request to Substitute Soy Milk for Fluid Milk</i> and gives completed form to FSM. Only parent/guardian signature needed.
<i>Lactose-Free Milk</i>	No form needed. Inform the Food Service Manager which meals the student should receive this milk.

Nutrition Specialist Contact Information		
District	Nutrition Specialist	Email
Northeast, Northwest	Kim Nguyen	duyen.nguyen@lausd.net
Central	Homa Hashemi	homa.hashemi@lausd.net
West	Ivy Marx	ivy.marx@lausd.net
East, South	Kayley Drain	kayley.drain@lausd.net

LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS

A. Parent/Guardian: Complete boxes 1-6 <i>(Padres/tutores: Complete recuadros 1-6)</i>		
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>(Nombre de los padres/tutores)</i>		5. Parent/Guardian Phone # <i>(Número de teléfono del los padres/tutores):</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>(Almuerzo)</i> <input type="checkbox"/> Snack <i>(Merienda)</i> <input type="checkbox"/> Supper <i>(Cena)</i>		

B. Food Services Manager (FSM): Complete boxes 7-16													
7. School Name	8. Loc. Code #	9. District	10. Kitchen Type <input type="checkbox"/> PREP <input type="checkbox"/> NNC										
11. LAUSD Student ID Number <i>(ID# not available for EEC students)</i>		12. Area Food Service Supervisor Name (AFSS):											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>													
13. FSM Name	14. FSM Email @lausd.net	15. Cafeteria Phone # () -	16. Check box if this an EEC Student? <input type="checkbox"/>										

C. State Licensed Healthcare Professional (Licensed Physician, Physician Assistant or Nurse Practitioner): Complete 17-30	
17. Description of Child's Physical or Mental Impairment Affected: <i>(Describe how the physical or mental impairment restricts the child's diet)</i>	
18. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: <i>Describe specific diet or accommodation</i>	
19. Indicate Special Texture if Needed: <input type="checkbox"/> Ground <input type="checkbox"/> Pureed <input type="checkbox"/> Chopped Finely <input type="checkbox"/> Chopped Dime-Sized <input type="checkbox"/> Chopped Nickel-Sized <input type="checkbox"/> Chopped Quarter-Sized	
20. 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	B. Suggested Substitutions (Foods to Include)
_____	_____
_____	_____
_____	_____
21. Adaptive equipment to be used <i>(If applicable, describe specific equipment required to assist child with dining):</i>	

22. & 23: Only complete if applicable to student.	22. 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"/> Baked Goods containing Milk/Dairy products
	<input type="checkbox"/> Yogurt	<input type="checkbox"/> Cheese	<input type="checkbox"/> Condiments containing Milk/Dairy products
	23. 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"/> 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	
24. Name of State Licensed Healthcare Professional:	25. Signature of State Licensed Healthcare Professional:	26. Date:	
27. Check One: <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> Nurse Practitioner	28. Healthcare Professional's Phone #: () -		
29. If applicable, Name of Registered Dietitian following student:	30. Dietitian Phone #: () -		

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. Persons with disabilities requiring alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign 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 mail: USDA Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave. S.W., Washington, D.C. 20250-9410; fax (202)690-7442/ e-mail: program.intake@usda.gov. This institution is an equal opportunity provider.

**INSTRUCTIONS AND INFORMATION FOR
LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS
AND OTHER RELATED FORMS**

A. FOOD SERVICE MANAGER AND PARENT/GUARDIAN:

1. FSM provides ***LAUSD Medical Statement to Request Special Meal Form*** to the parent/guardian.
2. Parent/Guardian completes Section "A".
3. Food Service Manager (FSM) completes Section "B".
4. Healthcare Professional completes Section "C"
5. Parent returns form to FSM, who checks that all sections of the form are complete.
6. If incomplete, FSM returns form to parent for completion.
7. FSM can accept a doctor's medical statement identifying a student's special diet needs.

The statement must include the following:

- | | |
|--------------------------|----------------------------|
| a) Student Date of Birth | d) School Name |
| b) Student ID Number | e) FSM Name, Email Address |
| c) Parent/Guardian Name | f) Cafeteria Phone Number |
8. FSM scans and emails completed form to specialdiet@lausd.net.
 9. Nutrition Specialist (NS) emails FSM an approved diet or reason why a request could not be fulfilled.
 10. FSM files the special diet original in the cafeteria and give a copy to the parent/guardian, school nurse, and Section 504 coordinator.
 11. FSM orders and provides all special meals including Newman Nutrition Center meals.
 12. If parent and/or nurse requests additional nutrition information about meals, FSM can direct them to the LAUSD website at <http://achieve.lausd.net/Page/11718> for the monthly menu, *Food Allergen and Ingredient List, Nutrient Analysis and Carbohydrate Count*.
 13. Special meals are not provided to accommodate food preferences or religious convictions.
 14. If soy milk is needed, FSM provides parent with *Parental Request to Substitute Soy Milk for Fluid Milk* form.
 15. If special diet is discontinued, FSM provides parent the *Statement to Discontinue Special Diet* form.

B. LICENSED HEALTH CARE PROFESSIONAL COMPLETING SECTION C:

1. The State Licensed Healthcare Professional signing this form must complete all boxes under Section C; however, boxes 22 and 23 are only required if the student has a dairy or egg allergy or intolerance.
2. Specific details are required for items 17 and 18. Additional pages may be attached to this form if necessary.
3. If all sections are not complete, the form will be returned, and **the special diet will not be processed**.
4. 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.