INTEROFFICE CORRESPONDENCE Los Angeles Unified School District

TO: Food Service Manager, Nurse, Parent/Guardian DATE: May 18, 2022

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.

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			
Almond or Rice Milk or Juice	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.			
Soy Milk	Parent completes the <i>Parental Request to Substitute Soy Milk for Fluid Milk and g</i> ives completed form to FSM. Only parent/guardian signature needed.			
Lactose-Free Milk	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				

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

LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS

A. Parent/Guardian: Complete boxes 1-6 (Padres/tutores: Complete recuadros 1-6)								
Student Last Name (Apellido)		2. Student First Name (Nombre del estudiante) 3. Date of Birth (Fecha de nacimiento)						
4. Parent/Guardian Name (Nombre de los	s padres/tutores)	/tutores) 5. Parent/Guardian Phone # (Número de teléfono del los padres/tutores): □ Home (Casa) / □ Cell (Celular): () Email Address (Correo Electrónico):						
6. Meals Eaten at School (Marque las comidas que su niño/a come en la escuela) ☐ Breakfast (Desayuno) ☐ Lunch (Almuerzo) ☐ Snack (Merienda) ☐ Supper (Cena)								
D. Food Comices Manager (FCM). C	amplete haves 7.46							
B. Food Services Manager (FSM): C 7. School Name	omplete boxes 7-16		8. Loc. Code #	9. District	10. Kitchen Type □ PREP □ NNC			
11. LAUSD Student ID Number	12. Area Food Service Supervisor Name (AFSS):							
13. FSM Name 1	4. FSM Email	@lausd.net			16. Check box if this an EEC Student? □			
C. State Licensed Healthcare Profes	sional (Licensed Physi	ician, Physici	an Assistant or Nur	se Practitio	ner): Complete 17-30			
17. Description of Child's Physical or I	Mental Impairment Affec	cted: (Describ	e how the physical or i	mental impail	rment restricts the child's diet)			
	•	•	, ,	,	,			
18. Explanation of Diet Prescription an	d/or Accommodation to	o Ensure Pro	per Implementation	: Describe s	pecific diet or accommodation			
18. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: Describe specific diet or accommodation								
19. Indicate Special Texture if Needed:	☐ Ground☐ Chopped Dime-Siz	□ Pur	eed opped Nickel-Sized	•	ped Finely ped Quarter-Sized			
20. Foods to be Omitted and Substitut								
A. Foods to be Omitted	iono (List aposino resus to r	oo ommada ana	•	•	S (Foods to Include)			
bi daggotta dabattationo (i dada to mondo)								
		-						
21. Adaptive equipment to be used (If applicable, describe specific equipment required to assist child with dining):								
22. Milk/Dairy Allergy or Ir 22. & 23:								
El Flade Cow o Willix El Edocodo Frod Cow o Willix El Barco Coodo containing Williy Barry producto								
· · · · · · · · · · · · · · · · · · ·	□ Yogurt □ Cheese □ Condiments containing Milk/Dairy products							
applicable								
to student								
Description: □ Baked Goods containing eggs □ 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: MD/DO PA Nurse Practitioner 28. Healthcare		3. Healthcare	Professional's Phor	ne #: ()	<u>-</u>			
29. If applicable, Name of Registered Dietitian			30.					
following student:			Dietitian Phon	ne #: ()	<u>-</u>			

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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 <u>all</u> 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 Numbere) FSM Name, Email Addressc) Parent/Guardian Namef) Cafeteria Phone Number

- 8. FSM scans and emails completed form to specialdiet@lausd.net.
- 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.

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