

INTEROFFICE CORRESPONDENCE

Los Angeles Unified School District

TO: Food Service Manager, Nurse, Parent/Guardian

DATE: July 8, 2024

FROM: Food Services Division

SUBJECT: Special Diet and Milk Substitution Requests

After completed special diet forms are submitted to specialdiet@lausd.net for processing, a Nutrition Specialist prepares dietary guidelines for the school and the Food Service Manager (FSM) implements the special diet. Below is information on different special diet requests:

1. First-Time Special Diet Request:

A. Complete *LAUSD Medical Statement to Request Special Meals (Form)*.

- Parent/Guardian completes Section A of the *Form*.
- Health Care Professional (Physician, Physician Assistant, Nurse Practitioner, or Registered Dietitian) completes section C on the *Form*.
- Parent/Guardian gives completed *Form* to the FSM.

B. Please note that special meals are not provided to accommodate food preferences or religious convictions.

2. Renewing Special Diets:

A. If there are **NO CHANGES** to the student's special diet from last year, then the special diet is automatically renewed. No further paperwork is needed.

B. If there are special diet changes from last year, then submit a new *Form*.

3. Milk Substitutions:

Beverage Requested	Action or Form Needed
<i>Almond, Rice, or Oat 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 FSM.
<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 FSM which meals to offer this milk to the student.

Nutrition Specialist Contact Information		
Region	Nutrition Specialist	Email
North	Bobbie Diamond	bobbie.diamond@lausd.net
South	Kayley Drain	kayley.drain@lausd.net
East	Kim Nguyen	duyen.nguyen@lausd.net
West	Ivy Marx	ivy.marx@lausd.net

LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS

A. Parent/Guardian: Complete boxes 1-6 (Padres/tutores: Complete recuadros 1-6)

1. 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 padres/tutores)	5. Parent/Guardian Phone # (Número de teléfono del los padres/tutores): <input type="checkbox"/> Home (Casa) / <input type="checkbox"/> Cell (Celular): () - - - Email Address (Correo Electrónico):	
6. Meals Eaten at School (Marque las comidas que su niño/a come en la escuela) <input type="checkbox"/> Breakfast (Desayuno) <input type="checkbox"/> Lunch (Almuerzo) <input type="checkbox"/> Supper (Cena) <input type="checkbox"/> Snack for EEC only (Merienda)		

B. Food Services Manager (FSM): Complete boxes 7-16

7. School Name	8. Loc. Code #	9. Region: Check <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	10. Kitchen Type <input type="checkbox"/> PREP <input type="checkbox"/> NNC
11. LAUSD Student ID Number (ID# not available for EEC students)	12. Area Food Service Supervisor Name (AFSS):		
13. FSM Name	14. FSM Email @lausd.net	15. Cafeteria Phone # () - - -	16. Check box if this an EEC Student? <input type="checkbox"/>

C. Healthcare Professional (Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Dietitian): Complete 17-29

17. Description of Child's Physical/Mental Impairment: DO NOT LEAVE BLANK (Describe how the impairment restricts the child's diet)		
18. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: Describe specific diet or accommodation		
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 (List specific foods to be omitted and specific foods to include. Attach separate sheet if needed)		
A. Foods to be Omitted _____ _____ _____	B. Suggested Substitutions (Foods to Include) _____ _____ _____	
21. Adaptive equipment to be used (If applicable, describe specific equipment required to assist child with dining):		
22. - 23: Only complete if applicable to student.	22. 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	
23. 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"/> Condiments containing eggs (mayonnaise, salad dressings, etc.) <input type="checkbox"/> Baked Goods containing eggs <input type="checkbox"/> Foods containing eggs as a minor ingredient		
24. Name of State Licensed or Registered Healthcare Professional:	25. Signature of Licensed Healthcare Professional:	26. Date:
27. Check One: <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Registered Dietitian		28. Healthcare Professional's Phone #: () - - -
29. If applicable, Name of Registered Dietitian following student:		30. Dietitian Phone #: () - - -

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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 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, FSM can direct them to the LAUSD website at <http://lausd.yummy.com> for the menu, nutrition, allergen, and carbohydrate information.
 13. For soy milk, FSM provides parent/guardian with *Parental Request to Substitute Soy Milk for Fluid Milk* form.
 14. Special diets are automatically renewed. FSM follows guidelines provided for the previous year.
 15. If a special diet is discontinued, FSM provides parent/guardian *Statement to Discontinue Special Diet* form.
 16. Special meals are not provided to accommodate food preferences or religious convictions.

B. LICENSED OR REGISTERED HEALTH CARE PROFESSIONAL COMPLETING SECTION C:

1. The State Licensed or Registered Healthcare Professional signing this form must complete all boxes under Section C; however, boxes 22 - 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 or registered healthcare professional in California is a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Dietitian.

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.