Special Diet and Milk Substitution Requests Corona Norco Unified School District Child Nutrition Services

After completed special diet forms are submitted to Child Nutrition and processed, the CNS Manager completes the diet, and the Cafeteria Lead informs all parties when special diet meals will begin. Below is information on different special diet requests:

1. First-Time Special Diet Request:

- A. Parent completes Section A of the *CNUSD 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 Cafeteria Lead.
- 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, the form will carry over and Child Nutrition will continue to accommodate.
- B. If there are changes to the student's special diet from last year (including a change to the school attended), then parent must submit a new Special Diet Form.

3. Milk Substitution:

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

Child Nutrition Services Contact Information							
Name		Email					
Megan Cook	CNS Director	megan.cook@cnusd.k12.ca.us					
Kimberly Denaple	CNS Manager	kdenaple@cnusd.k12.ca.us					
Open	Nutrition Assistant						
Yessenia Jimenez	Secretary	yjimenez@cnusd.k12.ca.us					

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

CNUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS

A. Parent/Guardian: Complete boxes 1-6 (Padres/tutores: Complete recuadros 1-6)										
1. Student La	st Name (Apellido)	2. Student First Name (Nombre del estudiani			studiante)	3. Date of Birth (Fecha de nacimiento)				
4. Parent/Guardian Name (Nombre de los padres/tutores)						· ·		el 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)										
B. Cafeteria Lead: Complete boxes 7-13										
7. School Na	me				8. Site Phone#					
9. CNUSD Stu	udent ID Number		•		10. CNS Supervisor					
11. Lead Nam	ne 12. Lead/Cafeteria Extension				13. Date Received/Noted in System					
C. State Lice	ensed Healthcare Pr	ofession	al (Licensed Phy	sician, Physic	ian As	sistant or Nurs	e Practitioner):	Complete 14-27		
14. Description	on of Child's Physica	al or Menta	al Impairment Af	fected: (Describ	e how	the physical or m	ental impairment r	estricts the child's diet)		
15. Explanation	on of Diet Prescription	on and/or	Accommodation	n to Ensure Pro	per In	nplementation:	Describe specific	diet or accommodation		
16. Indicate S	Special Texture if Nee			□ Pui			☐ Chopped Fi	-		
			Chopped Dime-S	Sized D Ch	opped	Nickel-Sized	☐ Chopped Q	uarter-Sized		
17. Foods to	o be Omitted and Su	bstitution	s (List specific food	ls to be omitted ar	nd spec	cific foods to includ	e. Attach separate	sheet if needed)		
A.	Foods to be Omitted				B. Su	ıggested Substitu	itions (Foods to In	clude)		
								_		
				-						
18. Adaptive equipment to be used (If applicable, describe specific equipment required to assist child with dining):										
	19. Milk/Dairy Allerg	y or Intoler	ance: This studen	t is <u>NOT</u> able to	eat/dri	nk the following (check off all that a	ipply):		
19 & 20	☐ Fluid Cow's N		☐ Lactose Fre				ontaining Milk/Dair			
Only	☐ Yogurt		☐ Cheese		☐ Condiments containing Milk/Dairy products					
complete if applicable		20. Egg Allergy or Intolerance: This student is <u>NOT</u> able to eat the following (check off all that apply):								
to student.		☐ Scrambled Eggs/Egg Patties ☐ Condiments containing eggs (mayonnaise, salad dressings, etc.) ☐ Baked Goods containing eggs ☐ Foods containing eggs as a minor ingredient								
24 Name of 6						· ·		22 Datas		
21. Name of State Licensed Healthcare Professional: 22. Signature of State Licensed Healthcare Professional: 23. Date:								23. Date.		
24. Check One: □ MD/DO □ PA □ Nurse Practitioner			e Practitioner	5. Healthcare Professional's Phone #: () -						
26. If applicable, Name of Registered Dietitian				27.						
following student:						Dietitian Phone	e #: ()	-		

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

A. CAFETERIA LEAD AND PARENT/GUARDIAN:

- 1. Cafeteria Lead provides **CNUSD Medical Statement to Request Special Meal Form** to the parent/guardian.
- 2. <u>Parent/Guardian</u> completes Section "A".
- 3. Cafeteria Lead completes Section "B".
- 4. Healthcare Professional completes Section "C"
- 5. Parent returns form to Lead who checks that all sections of the form are complete.
- 6. If incomplete, Lead returns form to parent for completion.
- 7. Cafeteria Lead scans and emails completed form to CNSSpecialMeals@cnusd.k12.ca.us.
- CNS Manager or nutrition assistant emails Lead an approved diet or reason why a request could not be fulfilled.
- 9. Cafeteria Lead files the special diet original in the cafeteria and makes note of the accommodation in computer system. CNS clerk attaches and electronic copy to students Titan file.
- 10. Cafeteria Lead orders and provides all special meals.
- 11. Special meals are not provided to accommodate food preferences or religious convictions.
- 12. If soy milk is needed, Lead provides parent with Parental Request to Substitute Soy Milk for Fluid Milk form.
- 13. If special diet is discontinued, parent must provide Child Nutrition Services with a written request to discontinue. This will be filed electronically in the students Titan account.

B. <u>LICENSED HEALTH CARE PROFESSIONAL COMPLETING SECTION C</u>:

- 1. The State Licensed Healthcare Professional signing this form must complete all boxes under Section C; however, boxes 19 and 20 are only required if the student has a dairy or egg allergy or intolerance.
- 2. Specific details are <u>required</u> for items 15 and 17. When requesting a "lowered or reduced" amount of any nutrient, <u>it must be written in allowable grams of said nutrient per meal</u> or the form will be returned to the Healthcare Professional for completion. 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.