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GAINESVILLE CITY SCHOOL SYSTEM

ONE GAINESVILLE: We will inspire, nurture, challenge, and prepare our students.

Dear Parent/Guardian,

It is the goal of the Gainesville City School Nutrition Program to ensure that our students receive the safest and most appropriate food items on a daily basis. Students with special dietary needs who do not eat in the cafeteria do not have to submit the attached form.

If your child requires a special meal from the cafeteria, the "MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR DISABILITIES IN THE SCHOOL MEAL PROGRAMS" must be completed and returned to the School Nutrition Department or cafeteria.

Certain physical or mental impairments require meal modifications that do not follow the required Program meal pattern. In a disability situation, meal modifications outside the meal pattern are reimbursable, provided the request is supported by a medical statement signed by a State licensed healthcare professional.

The criteria for requesting a special diet:

- Any student whose licensed medical authority certifies that the student has special dietary needs and/or a severe, life-threatening (anaphylactic) reaction to a specific food or group of food may qualify for dietary modifications.
- Students who receive meal accommodations based on current specific dietary accommodations in their 504 Plan or IEP will receive those accommodations, but we do ask for the most current information as dietary needs change from time to time.
- Other dietary restrictions that allow for simple substitutions may be accommodated on a case by case basis (e.g. student with strawberry allergy may receive another fruit in its place). However, additional documentation, including a physician's signature may be required for the safety of the child.

When a signed medical statement is required (i.e. the modification does not meet meal pattern requirements), the medical statement must include:

- Information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet,
- An explanation of what must be done to accommodate the child's disability, and
- The food or foods to be omitted and recommended alternatives, in the case of a modified meal.

Special diet/meal modification requests will be reviewed in the order they are received; please allow time for processing. The School Nutrition Program will attempt to establish a plan that meets your student's needs using the foods available. A new GCSS form and/or form verification may be required each school year, and as we continue to receive updated guidance from USDA on this topic, we may ask for additional information.

Please be aware, we are not a nut free facility, nor can we guarantee the absence of nuts or nut by-products in the cafeteria.

If you have questions please contact me via email at Emily.house@gcssk12.net

Sincerely,

A handwritten signature in cursive script that reads "Emily House".

Emily House, M.Ed.
Gainesville City School Nutrition Coordinator
Rev. 4/16/2019

If you need assistance with this form, contact Emily House at 770-536-5275 x 5152 or email at Emily.house@gcssk12.net.

**MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR DISABILITIES
IN THE SCHOOL MEAL PROGRAMS**

Please read guidance and instructions on page 2 before completing this form.

Part 1: To be completed by Parent/Guardian			
Child's Name	Age of Child	School Name	Grade/Classroom
Parent/Guardian Name (Please Print)			
	Phone Number		Email Address
Parent's Signature			Date
Part 2: Disabilities – Complete all sections applicable.			
Please provide a description of the child's physical or mental impairment and how it restricts the child's diet.			
Please explain how to accommodate the disability.			
List any dietary restrictions or special diet instructions for school meals.			
List food(s) to be omitted from diet: _____ _____ _____		List food(s) to be substituted: _____ _____ _____	
Designate texture modifications needed for all foods: <input type="checkbox"/> Pureed <input type="checkbox"/> Diced/finely ground <input type="checkbox"/> Chopped/cut into bite-sized pieces		Designate consistency for liquids: <input type="checkbox"/> Pudding thick <input type="checkbox"/> Nectar thick <input type="checkbox"/> Honey thick <input type="checkbox"/> Thin/normal consistency	
List any special equipment or utensils needed:			
Additional comments about the child's eating or feeding patterns:			
Signature Below (See Guidance and Instructions on page 2)			
Signature of State Licensed Healthcare Professional			Date
State Licensed Healthcare Professional's Name, Title & Phone Number (Please Print)			Date

GUIDANCE AND INSTRUCTIONS FOR THE MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS FOR DISABILITIES IN THE SCHOOL MEAL PROGRAMS

The medical statement on page 1 must be completed and submitted to Gainesville City School Nutrition before any meal substitutions can be made. If changes are needed, the parent/guardian is required to submit a new form.

Guidance

Disability

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, “a person with a disability” means 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. According to the ADAAA, most physical and mental impairments constitute a disability.

Major life activities include, but are not limited to, caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentration, thinking, communicating, and working. Major life activities also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

U.S. Department of Agriculture (USDA) regulations require reasonable modifications to school meals to accommodate children with disabilities when the disability restricts the child’s diet. Modifications will be determined on a case-by-case basis.

State Licensed Healthcare Professional is a professional who is authorized to write medical prescriptions under State law. Please refer to the Medical Association of Georgia, **Georgia Prescribers Chart**: <http://www.mag.org/sites/default/files/downloads/georgia-prescribers-chart.pdf>. The decision to permit medical professionals other than licensed physicians to complete and sign a medical statement is at the discretion of the local school food authority.

Instructions

Part 1: To be completed by the parent/guardian for all special dietary requests.

Part 2: Please provide sufficient detail for the school food service to make appropriate accommodations. This section must be completed by a licensed healthcare professional when the modified meal does not meet the Program meal pattern requirements. The district Section 504 Coordinator, School Food Service Professional and/or other team member will work with you to manage the process of meal modifications.

Signature: Signature from a licensed healthcare professional may be required when the reasonable modification does not meet the Program meal pattern requirements.

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 who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Si necesita ayuda con este formulario, comuníquese con Emily House al 770-536-5275 x 5152 o por correo electrónico Emily.house@gcssk12.net

DECLARACIÓN MÉDICA PARA SOLICITAR ADAPTACIONES PARA DISCAPACIDADES EN LOS PROGRAMAS DE ALIMENTOS ESCOLARES

Lea las pautas e instrucciones en la página 2 antes de completar este formulario.

Parte 1: a completar por el padre o tutor			
Nombre del niño	Edad del niño	Nombre de la escuela	Grado/salón
Nombre del padre o tutor (en letra de imprenta)			
	Número de teléfono	Dirección de correo electrónico	
Firma del padre			Fecha
Parte 2: Discapacidades. Complete todas las secciones que correspondan.			
Proporcione una descripción del impedimento físico o mental y cómo restringe la dieta del niño.			
Explique como hay que adaptarse a esta discapacidad.			
Enumere las restricciones de la dieta o las instrucciones de la dieta especial para los alimentos de la escuela.			
Lista de alimentos que se deben omitir en la dieta: _____ _____ _____ _____	Lista de alimentos que se deben sustituir: _____ _____ _____ _____		
Designe las modificaciones de textura que se necesitan para todas las comidas: <input type="checkbox"/> Puré <input type="checkbox"/> Picada o cortada finamente <input type="checkbox"/> Cortada en bocados	Designe la consistencia de los líquidos: <input type="checkbox"/> Densidad de budín <input type="checkbox"/> Densidad de néctar <input type="checkbox"/> Densidad de miel <input type="checkbox"/> Consistencia fina/normal		
Enumere los equipos o utensilios especiales necesarios:			
Comentarios adicionales sobre los patrones de comida o alimentación del niño:			
Firma debajo (Consulte las Pautas e instrucciones en la página 2)			
Firma del Profesional de atención de la salud con certificación estatal			Fecha
Nombre, título y número de teléfono del profesional de atención de la salud con licencia estatal (en letra de imprenta)			Fecha

PAUTAS E INSTRUCCIONES PARA LA DECLARACIÓN MÉDICA PARA SOLICITAR ADAPTACIONES PARA DISCAPACIDADES EN LOS PROGRAMAS DE ALIMENTOS ESCOLARES

La declaración médica en la página 1 debe completarse y enviarse a Gainesville City School Nutrition antes de que se puedan realizar sustituciones de alimentos. Si se necesitan cambios, el padre o tutor debe enviar un formulario nuevo.

Pauta

Discapacidad

Bajo la Sección 504 de la Ley de Rehabilitación de 1973 y la Ley de Americanos con Discapacidades (ADAAA) de 2008, "una persona con una discapacidad" es cualquier persona que tenga un impedimento físico o mental que limite sustancialmente una o más actividades importantes de la vida, tenga un registro de tal impedimento, o se considere que tiene tal impedimento. Según la ADAAA, la mayoría de los impedimentos físicos y mentales constituyen una discapacidad.

Las actividades importantes de la vida incluyen, entre otras, cuidar de uno mismo, realizar tareas manuales, ver, oír, comer, dormir, caminar, estar parados, levantar pesos, inclinarse, hablar, respirar, aprender, leer, concentrarse, pensar, comunicarse y trabajar. Las actividades importantes de la vida también incluyen el funcionamiento de la función corporal principal que incluye, entre otras, las funciones del sistema inmune, crecimiento celular normal, funciones digestivas, intestinales, de vejiga, neurológicas, cerebrales, respiratorias, circulatorias, endocrina y reproductiva.

Las reglamentaciones del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés) requiere modificaciones razonables de los alimentos escolares para que se adapten a niños con discapacidades cuando la discapacidad restringe la dieta del niño. Las modificaciones se determinan caso por caso.

Profesional de atención de la salud con certificación estatal es un profesional que está autorizado a realizar prescripciones médicas bajo la ley estatal. Consulte la Asociación Médica de Georgia, **Tabla de médicos que recetan de Georgia**: <http://www.mag.org/sites/default/files/downloads/georgia-prescribers-chart.pdf>. La decisión de permitir que profesionales médicos que no sean médicos certificados completen y firmen una declaración médica queda a discreción de la autoridad alimenticia local de la escuela.

Instrucciones

Parte 1: a completar por el padre o tutor para todas las solicitudes de dieta especiales.

Parte 2: proporcione los detalles suficientes para que el servicio de alimentos de la escuela pueda hacer las adaptaciones adecuadas. Un profesional de atención médica certificado debe completar esta sección cuando un alimento modificado no cumple con los requisitos del patrón de alimentos del Programa. El coordinador de la Sección 504 del distrito, profesional del servicio de alimentos escolar y/u otro miembro del equipo trabajará con usted para administrar el proceso de las modificaciones de alimentos.

Firma: es posible que se requiera la firma de un profesional de atención de la salud cuando la modificación razonable no cumpla con los requisitos del patrón de alimentos del Programa.

De acuerdo con las leyes de derechos civiles federales y de las reglamentaciones y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA), la USDA, sus Agencias, oficinas, empleados e instituciones que participan en o administran programas de la USDA tienen prohibido discriminar en función de la raza, color, nacionalidad, origen, sexo, discapacidad, edad o represión o represalia por una actividad de derechos civiles anterior en cualquier programa o actividad conducida o financiada por la USDA.

Las personas con discapacidades que requieren medios de comunicación alternativos para obtener información sobre el programa (p. ej. Braille, letra grande, audio, lenguaje de señas, etc.) debe comunicarse con la Agencia (estatal o local) donde hayan solicitado los beneficios. Las personas que son sordas, tienen dificultades auditivas o tienen una discapacidad de habla pueden comunicarse con la USDA a través del Servicio Federal de Transmisión al (800) 877-8339. Además, la información del programa puede estar disponible en otros idiomas además de inglés.

Para presentar una queja de discriminación del programa, complete el [Formulario de Quejas por Discriminación del Programa de la USDA](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) que se encuentra en Internet en: http://www.ascr.usda.gov/complaint_filing_cust.html, en cualquier oficina de la USDA, o escriba una carta a la USDA y proporcione toda la información que solicita el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe el formulario completo o la carta a la USDA por correo al: Departamento de Agricultura de los EE. UU., Oficina del Subsecretario de Derechos Civiles, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; o al correo electrónico: program.intake@usda.gov. Esta institución es un proveedor de igualdad de oportunidades.