LOUISIANA DEPARTMENT OF EDUCATION SCHOOL FOOD SERVICE SECTION PROTOTYPE – DIET PRESCRIPTION FOR MEALS AT SCHOOL

Student's Name School			<u>-</u>	
Address(Street or P. O. Box)			Telephone ()	
City			State	
Does the student have a disability that requires a special diet? If Yes, describe the major life activities affected by the disability. (See back of form for further information.)			Yes No	
If the student is not d	isabled, list the medical co	ndition that requires special nut	itional or feeding needs.	
Diet Prescription (Ch	eck all that apply.):			
() Diabetic		() Increased Calorie	#kcal	
() Food Allergy		() Reduced Calorie	#kcal	
() Hypoglycemic		() Texture Modification		
() PKU			Ground Liquified	
() Other		()Tube Feeding		
		Liquified I	Meal Formula	
			t foods to be substituted. If necessary, attach additional	
Food Groups to Omi () Bread and Cereal I		at and Meat Alternatives ts and Vegetables	() Milk and Milk Products	
	Specific Foods to Omit	Specific Foods to	o Substitute	
I certify that the above		pecial school meals prepared a	s described above because of the student's disability or	
Office Address		Office	Telephone #_()	
¹Licensed Physician/	Recognized Medical Author	rity Signature	Date Date	
¹Signature of License	d Physician required if the	student is disabled.		

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Definition of Disability

Definitions

As used in this part, the term or phrase:

- (I) Student with disabilities means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.
- (j) *Physical or mental impairment* means (1) 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, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- (k) *Major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- 2. fax: (833) 256-1665 or (202) 690-7442; or
- 3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

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