Diet Modification Request Form

Complete this form (top section: parent/guardian, remainder: medical professional) and return to the provider.

Name of provider: _____.
(school, head start, summer meal provider, day care, or home provider)

Student/Participant Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian Name:_____ Phone: _____ Email: _____

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods: ❑

Infants under one year of age must receive iron-fortified infant formula or breast milk unless a Diet Modification Request Form is on file.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk. This provider chooses to offer _____ as the nutritionally equivalent milk substitute. ☐ Check here if you would like to request the milk substitute listed in place of fluid milk and list the reason for the request: _____.

Parent/Guardian signature: _____ Date: _____
(To provide permission for a medical professional to complete the form and share information as needed with the appropriate staff to make accommodations.)

The remainder of the form must be completed by an approved medical professional. In Iowa this includes Registered Dietitians or a "medical authority" that is authorized by state law to write medical prescriptions: Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician's Assistants (PA), Advanced Registered Nurse Practitioners (ARNP) or Dentists (DDS or DMD).

Medical professional: _____
(*Name, print or type)* (*Title)*

_____
(Signature of medical professional) *(Date)*

Modifications are required by The U. S. Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability 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. "Major life activities" are broadly defined and 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 life activities" also include 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.

1) Describe the medical need related to the diet order and "major life activity" **(see above)** affected.
Example: Allergy to peanuts affects ability to breathe.

2) Explain what must be done to accommodate the medical need:

Food(s) or Formula to Omit:	Food(s) or Formula to Substitute: If the request is for a food allergy, are foods made in a facility with the allergen acceptable: ❑ Yes ❑ No

Complete the back to provide additional details.

☐ Check if a texture modification is requested (use International Dysphagia Diet Standardisation Initiative (IDDSI) terminology)

Foods: ☐ Regular ☐ Easy to chew ☐ Soft & bite-sized ☐ Minced & Moist ☐ Pureed ☐ Liquidised

Liquids: ☐ Thin ☐ Slightly thick ☐ Mildly thick ☐ Moderately thick ☐ Extremely thick

Special Feeding Equipment: ☐ Not Applicable ☐ Equipment Needed: _____
(Example: large handled spoon, sippy cup, etc.)

Check the box in front of foods that should NOT be served and list the foods to be served instead.

Lactose/milk – *Do not serve the items checked below:* ☐ Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no ☐ Yogurt ☐ Milk based desserts such as ice cream and pudding ☐ Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese ☐ Cheese baked in products such as a casserole or on pizza ☐ Cold cheese such as string cheese or sliced cheese on a sandwich ☐ Milk in food products such as breads, mashed potatoes, cookies or graham crackers	**Serve these items instead:**
Soy - *Do not serve the items checked below:* ☐ Protein products extended with soy ☐ Processed items cooked in soy oil ☐ Food products with soy as one of the first three ingredients ☐ Food products with soy listed as the fourth ingredient or further down the list	**Serve these items instead:**
Egg - *Do not serve the items checked below:* ☐ Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold ☐ Eggs used in breading or coating of products ☐ Baked products with eggs such as breads or desserts	**Serve these items instead:**
Seafood – *Do not serve the items checked below:* ☐ Fish (Cod, tuna, tilapia, haddock, salmon, etc.) ☐ Shrimp ☐ Other: _____	**Serve these items instead:**
Peanuts – *Do not serve the items checked below:* ☐ Peanuts, individually or as an ingredient ☐ Foods containing peanut oil ☐ Foods items identified as manufactured in a plant that also handles peanuts	**Serve these items instead:**
Tree nuts – *Do not serve the items checked below:* ☐ All nuts ☐ Food items identified as manufactured in a plant that also handles nuts ☐ Other: _____	**Serve these items instead:**
Grains – *Do not serve the items checked below:* ☐ Foods containing wheat ☐ Foods containing gluten ☐ Oats ☐ Other: _____	**Serve these items instead:**
Sesame – *Do not serve the items checked below:* ☐ Foods containing sesame	**Serve these items instead:**