

## SUMMER FOOD SERVICE PROGRAM MEAL ACCOMODATIONS

Current federal regulations require sponsors of the Summer Food Service Program (SFSP) to provide reasonable accommodations for participants who are considered to have a disability that restricts their diet. According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability. Sponsors are not required to accommodate special dietary requests that are not a disability.

As a parent or guardian, you have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for the SFSP ([SFSP 10-2017](#)). Therefore, to meet your child's needs, this form must be completed and returned to the sponsoring SFSP organization. The form must be completed by a [State Licensed Health Care Professional](#) (Physician (MD or DO), Physician's Assistant (PA), or Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP)). Return the signed form to the Summer Food Service Program sponsor or site where the participant is receiving meals.

<b>PART A: To be completed by parent or guardian.</b>		
Name of Sponsoring Organization:	Site Address:	Site Phone Number:
Name of Participant:	Date of Birth:	
Name of Parent/Guardian:	Phone Number:	
Address:	City:	State/Zip:
Email Address:		
Signature of participant's Parent/Guardian:	Printed name of participant's Parent/Guardian:	Date:
<b>PART B: To be completed by a state-licensed healthcare professional with prescribing authority.</b>		
State the participant's physical or mental impairment(s) that restricts the diet:		
Describe how the physical or mental impairment(s) listed restricts the participant's diet:		
List foods to omit:	List suggested foods to substitute:	<input type="checkbox"/> The Participant is immunocompromised and requires a meal in a non-congregate setting.
Texture Modifications (if applicable): <input type="checkbox"/> Soft and Bite-Sized (IDDSI 6) <input type="checkbox"/> Minced and Moist (IDDSI 5) <input type="checkbox"/> Pureed (IDDSI 4) <input type="checkbox"/> Liquid (IDDSI 3) <input type="checkbox"/> Other: _____	Liquid Thickness Modifications (if applicable): <input type="checkbox"/> Slightly Thick (IDDSI 1) <input type="checkbox"/> Mildly Thick (IDDSI 2) <input type="checkbox"/> Moderately Thick (IDDSI 3) <input type="checkbox"/> Extremely Thick (IDDSI 4) <input type="checkbox"/> Other: _____	
List any adaptive equipment or utensils that are needed:		

Indicate any other special instructions regarding the participant's eating or feeding patterns:

Signature of Prescribing Authority:

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

### USDA 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/ad-3027.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:

1. **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](mailto:Program.Intake@usda.gov)  
This institution is an equal opportunity provider.