

**Hawaii State Department of Education  
School Food Services Branch**

**Accommodating Children with Special Dietary Needs in  
School Nutrition Programs (ATTACHMENT J)**

To ensure that children with disabilities have the same opportunities as other children to receive an education and education-related benefits, federal school nutrition programs are required to provide special dietary accommodations for these students. Examples of these accommodations include food restrictions and substitutions, texture and consistency changes (e.g. pureed, thickened liquids), increased or decreased calories, and carbohydrate counts.

This document contains guidance on accommodating special dietary needs in school nutrition programs based on federal laws and U.S. Department of Agriculture (USDA) requirements. It also details requirements for meal modifications and additional policies governing these accommodations.

**SECTION I. FEDERAL LEGISLATION GOVERNING DISABILITIES**

Federal legislation mandates that School Food Service will serve children with disabilities. These laws include the *Rehabilitation Act of 1973*, *Individuals with Disabilities Education Act* (IDEA), *Americans with Disabilities Act* (ADA) of 1990, and *American with Disabilities Act Amendments Act* (ADAAA) of 2008. In addition, the USDA came forth with non-discriminatory regulations (7CFR 15b) as well as regulations which govern the National School Lunch Program and School Breakfast Program. These regulations make it clear that substitutions to the regular meal must be made for children whose disabilities restrict their diets when a recognized medical authority certifies the need.

Guidance for schools is based on the USDA Food and Nutrition Service Instruction 783-2, Revision 2, Meal Substitutions for Medical or Other Dietary Reasons. USDA's basic guidelines on meal substitutions may be found in the current Accommodating Children with Special Dietary Needs in School Nutrition Programs manual.

**SECTION II. DEFINITIONS OF DISABILITY AND RECOGNIZED MEDICAL AUTHORITY**

Under Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act (ADA) of 1990, 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 an impairment, or is regarded as having such an impairment.

***"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 many diseases and conditions, a few of which may be:

- orthopedic, visual, speech and hearing impairments:
- cerebral palsy;
- epilepsy;
- muscular dystrophy;
- multiple sclerosis;
- cancer;
- heart disease;
- metabolic diseases, such as diabetes or phenylketonuria (PKU);
- food anaphylaxis (severe food allergy);
- mental retardation;
- emotional illness
- drug addiction and alcoholism;
- specific learning disabilities;
- HIV diseases, and
- Tuberculosis.

**“Has a record of such an impairment”** means having a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more major life activities.

**“Is regarded as having an impairment”** means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as consulting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairment; or (3) has none of the impairments defined above but is treated by a recipient as having such an impairment.

### **Individuals with Disabilities Education Act**

Under the Individuals with Disabilities Education Act (IDEA) of 2004, a child with a “disability” means: 1) a child evaluated in accordance with the IDEA as having one or more of the recognized disabilities; 2) the disability adversely affects educational performance; and 3) because of the disability and the adverse impact, the child needs special education and related services.

These disabilities include:

- autism;
- deaf-blindness;
- deafness or other hearing impairments;
- mental retardation;
- orthopedic impairments;
- other health impairment due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis;
- emotional disturbance;
- specific learning disabilities;
- speech or language impairment;
- traumatic brain injury;
- visual impairment including blindness which adversely affects a child’s educational performance, and
- multiple disabilities.

Attention deficit disorder or attention deficit hyperactivity disorder may fall under one of 13 categories. Classification depends upon the particular characteristics associated with the disorder and how the condition manifests itself in the student, which will determine the category.

The Individualized Education Program (IEP) requires a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA.

*When nutrition services are required under a child's IEP, school officials need to assure that School Food Service staff is involved early on in decisions regarding special meals.*

### **Temporary Disability**

If a student has a temporary disability, the school food service program must make any meal accommodations specified by the recognized medical authority on Attachment J-1. An example of a temporary disability is a student who had major oral surgery and is unable to consume food for a period of time unless the texture is modified.

### **Recognized Medical Authority**

Under federal- and state-level guidance, the following definition indicates who is permitted to complete and sign the state-required medical statement for meal accommodations in the Child Nutrition Programs.

State-licensed physicians (e.g. MD, DO, ND), Physician Assistant (PA), Advanced Practice Registered Nurse (APRN/RPN) with prescriptive authority and within scope of practice or specialty, and any Hawaii (State) Department of Commerce and Consumer Affairs (DCCA) approved licensed medical provider licensed to prescribe medications and/or medical nutrition therapy.

## **SECTION III. MEAL MODIFICATIONS FOR SPECIAL DIETARY NEEDS**

The USDA requires schools to provide modified meals at no additional cost to students whose disability restricts their diet, based on the state-required medical statement, or Attachment J-1, from a recognized medical authority.

The medical statement must include:

- a description of the child's physical or mental impairment;
- an explanation of what must be done to accommodate the child; and
- foods to be omitted and recommended food alternatives.

The medical statement must be completed with all required information *before* School Food Services Branch (SFSB) can facilitate the process for special dietary accommodations. This ensures that the modified meal is reimbursable and meets nutrition standards that are medically appropriate for the child.

## **SECTION IV. ADDITIONAL SPECIAL DIETARY ACCOMMODATION POLICIES**

### **Family-Provided Food Items and Meals**

SFSB requires that all food and beverage stored and prepared for school nutrition programs be purchased from SFSB and from an approved source. Schools sometimes receive requests to

store and/or heat, and serve food items in the school's kitchen that are brought by families and sent in for consumption for their child. No food from home will be accepted by School Food Service personnel to heat and serve or store and serve.

### **Meal Reimbursement and Cost**

Reimbursements for meals served to eligible children are claimed at the same reimbursement rate as meals that meet the USDA meal patterns. Children with special dietary needs requiring meal modifications cannot be charged more for their meals than other children. If the child qualifies for free or reduced-price meals, the charge for modified meals is also the same.

### **Update to the Special Dietary Needs Medical Form (Attachment J-1)**

All changes to the student's diet order must be made in writing by a recognized medical authority. As dietary needs may change over time, this ensures the dietary information on file is current. Note: Under no circumstance should anyone other than the recognized medical authority revise or change a diet prescription or medical order.

### **Transferring Schools**

If a student transfers during the school year and there are no changes to the current Attachment J-1 on file, the incoming school needs to notify SFSB directly of the transfer so it is notated. Training for cafeteria staff at the incoming school may need to take place, therefore, the special meal accommodation may not be implemented as soon as the student transfers.

### **Attachment J-1 Issuance**

If more than one special diet request is submitted for a student during the same school year, the diet will be based only on the information provided in the **most recent** Attachment J-1 form. Prior forms will become invalid.

## SECTION V. GUIDELINES TO COMPLETE THE ATTACHMENT J-1 FORM

**Parent/Guardian & School:** The **Special Dietary Needs Medical Form (Attachment J-1)** helps schools provide meal modifications for students who require them. Completion of all items will allow your child's school district to provide safe, appropriate meals for your child while at school.

The school staff cannot change food textures, make food substitutions, or alter your child's meals at school without all the information filled in on this form. Notes, letters, and/or comments written on prescription forms cannot be accepted in lieu of the Attachment J-1. Additionally, special dietary accommodations cannot be based on written or verbal communication from a parent/guardian.

Please follow the steps below to get started:

1. Parent/guardian completes all items of **PART I**, including student's name on the top of page 3.
2. Once complete, parent/guardian takes the Attachment J-1 to the child's recognized medical authority to have him/her complete **PART II**.
3. Parent/guardian returns the completed Attachment J-1 to the school. This ensures the school has an original copy of the form.
4. School sends SFSB a copy of the form where it will be reviewed.

**Recognized Medical Authority:** This form helps schools provide meal modifications for students who require them. Completion of all items streamlines efficient care for the student.

The school cannot change food textures, make food substitutions, or alter a student's diet at school without a proper statement from the parent. Meal modifications are implemented based on medical assessment and treatment planning and must be certified by a recognized medical authority.

**Please read Attachment J (Sections I, II, III) and complete Attachment J-1.**

Medical authority should consider the following as you complete **PART II** of the Attachment J-1:

1. Complete all items of PART II. Specify if this is a "New" or "Revise" diet order (see top of form);
2. Be as specific as possible about the nature of the child's physical or mental impairment restricting his/her diet and what must be done to accommodate;
3. If your assessment of the child does not yield sufficient information to make a determination about food substitutions, consistency modifications, or other dietary restrictions, please refer the child/family to the appropriate feeding or allergy specialist to complete Attachment J-1;
4. If using any previous and/or existing feeding/nutrition evaluations, care plans, or other pertinent documentation, reference on Attachment J-1, and
5. Be available to consult with the child's school team as they implement the feeding/nutrition care plan.

**SECTION VI. PROCEDURAL SAFEGUARDS**

For any civil rights questions or concerns, please go to the website below:

<http://www.hawaiipublicschools.org/ConnectWithUs/Organization/OfficesAndBranches/Pages/RCO.aspx>

**References:**

Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff. U.S. Department of Agriculture, Revised Fall 2001.

Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As) SP 26-2017 April 25, 2017.

Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (Public Law 110-325). <http://www.ada.gov/pubs/ada.htm>

Guidance Related to the Americans with Disabilities Amendments Act (ADAAA). SP 36-2013, CACFP 10-2013, SFSP 12-2013. April 26, 2013.

Individuals with Disabilities Education Act (IDEA) <http://idea.ed.gov/>

Modifications to Accommodate Disabilities in the School Meal Programs. SP 59-2016. September 27, 2016.

Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs. SP 32-2015, SFSP 15-2015, CACFP 13-2015. March 30, 2015.

State Agency Definition for Recognized Medical Authority. Office of Hawaii Child Nutrition Programs Standard Operating Procedures. September 2015.

Protecting Students with Disabilities <http://www2.ed.gov/about/offices/list/ocr/504faq.html>

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, religious creed, disability, age, political beliefs, 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, (AD-3027) found online at: How to File a Complaint, and 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: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).



HAWAII STATE DEPARTMENT OF EDUCATION  
SCHOOL FOOD SERVICES BRANCH  
**SPECIAL DIETARY NEEDS MEDICAL FORM**

**This form must be:**

- Thoroughly completed by the student's parent/guardian and recognized medical authority.
- Submitted to, reviewed, and approved by School Food Services Branch before meal modification is made.

**Distribution:**

- Original shall be kept in school file.
- School to send a copy of original J-1 to School Food Services Branch.

NEW     REVISED

<b>PART I (FILLED OUT BY PARENT/GUARDIAN)</b>			
1. Student's Last Name:	2. Student's First Name:	3. Date of Birth:	4. Grade:
<i>Note: If student is in Pre-K s/he must be enrolled in Hawaii State Department of Education. Students enrolled in Head Start only are not eligible for special meal accommodations.</i>			
5. School Name:		6. School Phone Number:	
7. Parent/Guardian Name:		8. Parent/Guardian Phone Number:	
9. Meals/snacks requested (check all that apply):			
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack <i>(Note: Afterschool Snack is available only if school is participating in USDA's sponsored program.)</i>			
<b>PART II (FILLED OUT BY RECOGNIZED MEDICAL AUTHORITY)</b>			
10. Describe the physical or mental impairment restricting the child's diet:			
11. Provide an explanation of what must be done to ensure appropriate implementation: <i>(Note: If relevant, you may use the following sections to assist in providing this information.)</i>			
<b><i>Dietary Need Specifications are shown below and on the next page. Please answer completely.</i></b>			
12. Does the child require a nutrition or dietary supplement during school hours?			<input type="checkbox"/> YES <input type="checkbox"/> NO
13. If yes, what is the required supplement?			
14. Does the child receive required supplement(s) from State/Federal programs (e.g. WIC/Medicaid)?			<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
15. Specify carbohydrates per meal (check one): <input type="checkbox"/> N/A <input type="checkbox"/> 45g <input type="checkbox"/> 60g <input type="checkbox"/> 75g <input type="checkbox"/> Other: _____			
16. Modified Food Texture: <input type="checkbox"/> N/A <input type="checkbox"/> Chop (1/2") <input type="checkbox"/> Finely Chop (1/4") <input type="checkbox"/> Minced (1/8") <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____			
17. Modified Liquid Consistency: <input type="checkbox"/> N/A <input type="checkbox"/> Nectar-Thick <input type="checkbox"/> Honey-Thick <input type="checkbox"/> Pudding-Thick			



HAWAII STATE DEPARTMENT OF EDUCATION  
SCHOOL FOOD SERVICES BRANCH  
**SPECIAL DIETARY NEEDS MEDICAL FORM**

18. Student's Name (Last Name, First Name):	
19. Food omissions (check all that apply):	20. Recommended food alternatives (specify):
<input type="checkbox"/> Fluid milk (dairy) to drink <input type="checkbox"/> All foods/products containing milk ingredients excluding those baked into food/product <input type="checkbox"/> All foods/products containing milk ingredients	<input type="checkbox"/> Soy milk <input type="checkbox"/> Water (If student is unable to consume fluid milk)  <input type="checkbox"/> Other:
<input type="checkbox"/> Eggs (e.g. scrambled eggs, eggs in raw form) <input type="checkbox"/> All foods/products containing egg ingredients excluding those baked into food/product <input type="checkbox"/> All foods/products containing egg ingredients	
<input type="checkbox"/> All foods/products containing wheat ingredients <input type="checkbox"/> All foods/products containing gluten ingredients	
<input type="checkbox"/> Peanuts <input type="checkbox"/> All Nuts <input type="checkbox"/> Tree Nuts, specify type: _____	
<input type="checkbox"/> Soybean <input type="checkbox"/> All foods/products containing soy ingredients <input type="checkbox"/> All foods/products containing soy ingredients, including soy oil	
<input type="checkbox"/> Shellfish, specify type: _____ <input type="checkbox"/> Fish, specify type: _____ <input type="checkbox"/> All Seafood	
<input type="checkbox"/> Other:	
21. <b>Authorization Duration:</b> This Authorization will be followed and in effect until the date <b>OR</b> event specified below:	
22. <b><i>I have reviewed <u>Attachment J – Accommodating Students with Special Dietary Needs in School Nutrition Programs</u> Sections I, II, III, and attest that this diet order meets the criteria cited in this attachment.</i></b>	
Signature of Recognized Medical Authority (include credentials):	Date:
Print Name and Address:	Phone Number: Fax Number:
<u>SFSB OFFICE USE ONLY</u>	
FORM COMPLETE SCHOOL CONTACTED ON: _____	FORM COMPLETE ACCOMMODATION WILL NOT BE MADE. <input type="checkbox"/> 504 Team found the STUDENT was ineligible.
FORM INCOMPLETE SCHOOL CONTACTED ON: _____	

1106 KOKO HEAD AVENUE | HONOLULU, HI 96816 | PHONE: (808) 784-5500 | FAX: (808) 735-6262



HAWAII STATE DEPARTMENT OF EDUCATION  
SCHOOL FOOD SERVICES BRANCH  
**SPECIAL DIETARY NEEDS MEDICAL FORM**

**This form must be:**

- Thoroughly completed by the student's parent/guardian and recognized medical authority.
- Submitted to, reviewed, and approved by School Food Services Branch before meal modification is made.

**Distribution:**

- Original shall be kept in school file.
- School to send a copy of original J-1 to School Food Services Branch.

NEW     REVISED

<b>PART I (FILLED OUT BY PARENT/GUARDIAN)</b>			
1. Student's Last Name: Aloha	2. Student's First Name: Napualani	3. Date of Birth: 01/01/10	4. Grade: 2 <sup>nd</sup>
<i>Note: If student is in Pre-K s/he must be enrolled in Hawaii State Department of Education. Students enrolled in Head Start only are not eligible for special meal accommodations.</i>			
5. School Name: Ohana Elementary		6. School Phone Number: 305-0000	
7. Parent/Guardian Name: Joe Aloha		8. Parent/Guardian Phone Number: 512-111-1222	
9. Meals/snacks requested (check all that apply): <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack (Note: Afterschool Snack is available only if school is participating in USDA's sponsored program.)			
<b>PART II (FILLED OUT BY RECOGNIZED MEDICAL AUTHORITY)</b>			
10. Identify the physical or mental impairment restricting the child's diet: Celiac Disease and Cystic Fibrosis			
11. Provide an explanation of what must be done to ensure appropriate implementation: (Note: If relevant, you may use the following sections to assist in providing this information.)  See below.			
<b>Dietary Need Specifications are shown below and on the next page. Please answer completely.</b>			
12. Does the child require a nutrition or dietary supplement during school hours?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
13. If yes, what is the required supplement? PediaSure (Vanilla)			
14. Does the child receive required supplement(s) from State/Federal programs (e.g. WIC/Medicaid)?		<input type="checkbox"/> N/A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. Specify carbohydrates per meal (check one): <input checked="" type="checkbox"/> N/A <input type="checkbox"/> 45g <input type="checkbox"/> 60g <input type="checkbox"/> 75g <input type="checkbox"/> Other: _____			
16. Modified Food Texture: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Chop (1/2") <input type="checkbox"/> Finely Chop (1/4") <input type="checkbox"/> Minced (1/8") <input type="checkbox"/> Pureed <input type="checkbox"/> Other: _____			
17. Modified Liquid Consistency: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Nectar-Thick <input type="checkbox"/> Honey-Thick <input type="checkbox"/> Pudding-Thick			

1106 KOKO HEAD AVENUE | HONOLULU, HI 96816 | PHONE: (808) 733-8400 | FAX: (808) 735-6262





HAWAII STATE DEPARTMENT OF EDUCATION  
SCHOOL FOOD SERVICES BRANCH  
**SPECIAL DIETARY NEEDS MEDICAL FORM**

18. Student's Name (Last Name, First Name): Aloha, Napualani	
19. Food omissions (check all that apply):	20. Recommended food alternatives (specify):
<input type="checkbox"/> Fluid milk (dairy) to drink <input type="checkbox"/> All foods/products containing milk ingredients excluding those baked into food/product <input type="checkbox"/> All foods/products containing milk ingredients	<input type="checkbox"/> Soy milk <input type="checkbox"/> Water (If student is unable to consume fluid milk)  <input checked="" type="checkbox"/> Other: Serve PediaSure in place of fluid milk served at school lunch.
<input type="checkbox"/> Eggs (e.g. scrambled eggs, eggs in raw form) <input type="checkbox"/> All foods/products containing egg ingredients excluding those baked into food/product <input type="checkbox"/> All foods/products containing egg ingredients	
<input type="checkbox"/> All foods/products containing wheat ingredients <input checked="" type="checkbox"/> All foods/products containing gluten ingredients	
<input type="checkbox"/> Peanuts <input type="checkbox"/> All Nuts <input type="checkbox"/> Tree Nuts, specify type: _____	
<input type="checkbox"/> Soybean <input type="checkbox"/> All foods/products containing soy ingredients <input type="checkbox"/> All foods/products containing soy ingredients, including soy oil	
<input type="checkbox"/> Shellfish, specify type: _____ <input type="checkbox"/> Fish, specify type: _____ <input type="checkbox"/> All Seafood	
<input type="checkbox"/> Other: _____	
<b>21. Authorization Duration</b> This Authorization will be followed and in effect until the date <u>OR</u> event specified below: Indefinitely	
<b>22. I have reviewed <u>Attachment J – Accommodating Students with Special Dietary Needs in School Nutrition Programs Sections I, II, III, and attest that this diet order meets the criteria cited in this attachment.</u></b>	
Signature of Recognized Medical Authority (include credentials): <i>Jane Smith, APRN</i>	Date: 06/02/2018 Phone Number: 808-988-7776 Fax Number: 808-988-7777
Print Name and Address: Jane Smith 987 Kahuna Street Heiau, HI 99999	
<b>SFSB OFFICE USE ONLY</b>	
FORM COMPLETE SCHOOL CONTACTED ON: _____	FORM COMPLETE. ACCOMMODATION WILL NOT BE MADE. <input type="checkbox"/> 504 Team found the STUDENT was ineligible.
FORM INCOMPLETE SCHOOL CONTACTED ON: _____	