

**Milk Substitution Request Form
(For non-dairy beverages only)
Medical Authority signature required
Doctor Diagnosed Disability**

Instructions:

Part A: 1. – 6. General Information: Complete the information as directed.

7. Check One: Check (v) a box to indicate whether a participant has a disability or non-disability that creates a need for a fluid milk substitute. The appropriate authority must sign based on the request.

Part C: Doctor diagnosed disability

Provide a brief description of the major life activity affected by the disability and how the physical or medical condition affects the disability. For example, "Child is allergic to casein in milk, which results in breathing difficulties, and requires a non-dairy substitute."

Specific medical prescription substitute for cow's milk.

List specific substitution. Brand names are not required.

13.– 21. Signatures/Contact Information: Complete this information as directed.

Part A: General Information			
1. Institution	2. Facility	3. Facility Director & Telephone Number	
4. Name of Child			
5. Name of Parent or Guardian		6. Telephone Number	
7. Check One: <input type="checkbox"/> Child has a disability which <i>requires</i> a substitution for cow's milk. <i>A licensed medical physician must sign this form. (complete part C)</i>			
Part C: DISABILITY SUBSTITUTION REQUEST: A licensed physician must complete this information			
9. <input type="checkbox"/> If child has a diagnosed disability such as a life threatening allergy, request substitution for fluid cow's milk			
9a. If child has a disability, provide a brief description of the major life activity affected by the disability.			
9b. Diet prescription or non-dairy fluid accommodation: describe accommodation needed.			
Signature of Medical Authority and Title	Printed Name	Telephone Number	Date
Part D: Parent Guardian Permission – To be completed by a parent/guardian			
I give permission for the institution's personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate institution staff and to follow the prescribed diet order for my child's meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by institution personnel.			
Parent/Guardian's Signature:		Date:	

Part E: To be completed by the institution

Additional information needed Approves non-disability request Denies non-disability request

Institution Comments:

Signature of authorized institution representative:

Date:

Definition of Disability

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) A Person with a Disability is defined 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.

Physical or Mental Impairment-(a) 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, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major Life Activities-functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Major Bodily Functions- functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions

Record of Impairment-having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation.

USDA Guidelines for Accommodating Special Dietary Needs

Disability-Institutions and agencies participating in federal nutrition programs must comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Non-disability-Institutions and agencies participating in federal nutrition programs may comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition for other participants must be accommodated.

Fluid Milk Substitutions-Fluid milk substitutions apply to non-disability requests. Institutions and agencies participating in the federal nutrition program may accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one child requesting a fluid milk substitute, accommodations must be made for all children requesting a fluid milk substitute.

The USDA is an equal opportunity provider and employer.