



Meal Modifications in School Meal Programs

2025

Presented by:
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Objectives



Define common terminology



Identify federal laws and policies and recent changes



Discuss the “Request for Meal Accommodation” and “Medical Statement” forms



Explore various meal modification requests



Why Meal Modifications?

- Feed students nutritious, well-balanced meals
- Keep students safe
- “Provide an equal opportunity [for students] to participate in the School Meal Programs” SP 26-2017



USDA Policies & Memos

SP 59-2016:

Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs



USDA Policies & Memos

SP 26-2017:

Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As)




USDA Policies & Memos

Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals (July 25, 2017)



Important to Know

- SFAs are required to notify families of the process for requesting meal modifications
- Identify a responsible individual at the school who will receive requests for meal accommodations
- Establish standard procedures between the school nursing staff, student household, and  school nutrition staff

Common Terminology

- Disability
- Food Intolerance
- Food Allergy
- Celiac Disease
- State Licensed Health Care Professional



Disability

- Expanded definition: “A physical or mental impairment that substantially limits one or more major life activities.”



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Guidance for School Food Service Professionals*



Disability

Major life activities may include:

- May impact the ability to:
 - Care for oneself
 - See
 - Hear
 - Eat
 - Sleep
 - Walk
 - Stand
 - Lift
 - Bend
 - Speak
 - Breathe
 - Learn
 - Read
 - Concentrate
 - Think
 - Communicate
 - Work
- May impact major bodily functions:
 - Immune system
 - Normal cell growth
 - Digestive
 - Bowel
 - Bladder
 - Neurological
 - Brain
 - Respiratory
 - Circulatory
 - Endocrine
 - Reproductive functions



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Food Intolerance

- “An abnormal response to a component of a food that does not involve an immune system reaction”
- Gluten & lactose intolerances are common



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Food Allergy

- “An immune system reaction to a component of a food, at times, producing a life-threatening response.”



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Food Allergens

- The Big 9 (and their derivatives)
 - Peanuts
 - Tree nuts (walnut, almond, pecans, cashews, etc.)
 - Milk
 - Eggs
 - Wheat
 - Soy
 - Fish (tuna, carp, salmon, cod, etc.)
 - Shellfish (shrimp, crab, lobster, etc.)
 - Sesame (added 2021)



Food Allergy

- Common Allergic Reactions
 - Hives, itching, or skin rash
 - Swelling of lips, face, tongue, or throat
 - Wheezing, nasal congestion, or trouble breathing
 - Abdominal pain, diarrhea, nausea, or vomiting
 - Dizziness, lightheadedness, or fainting



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Food Allergy

- Preventing Allergic Reactions
 - Understand each student's diet request
 - Standardize recipes
 - Avoid cross-contamination
 - Be willing to work with others
 - Read nutrition facts label



Food Allergies and Labels

Current Label

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
<i>Trans Fat</i> 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

- 1 The serving size appears in large, bold font and some serving sizes were updated.
- 2 Calories are displayed in large, bold font.
- 3 Daily Values were updated.
- 4 Added sugars, vitamin D, and potassium are required on the label. Manufacturers must declare the amount in addition to percent Daily Value for vitamins and minerals.

INGREDIENTS: BULGUR WHEAT, SAUCE (WATER, HALF AND HALF [MILK, CREAM], PARMESAN CHEESE [PASTEURIZED SKIM MILK, CULTURES, SALT, ENZYMES], CHEDDAR CHEESE [PASTEURIZED MILK, CULTURES, SALT, ENZYMES], OLIVE OIL, BUTTER, SUGAR, XANTHAN GUM, SPICE), LENTILS, CORN, GREEN BEANS, RED BEANS, POTATOES.
CONTAINS: WHEAT, MILK



<https://www.fda.gov/food/nutrition-facts-label/whats-nutrition-facts-label>



Celiac Disease

- “Immune reaction from gluten that occurs in the small intestine, causing abdominal pain, bloating or diarrhea.”
- Gluten can be found in wheat, barley, and rye



"Plan, Don't Ban"



- Peanut Safe vs. Peanut Free
- Have a Plan
 - Proper training
 - Label all allergens
 - Clean hands, tools, and surfaces (follow HACCP plan)
 - Stock epinephrine? (district specific)



Roche, D. (2023). Plan, Don't Ban. School Nutrition Magazine. April 2023. 38-44.



State Licensed Health Care Professional

- “An individual who is authorized to write medical prescriptions under State law.”
- May include:
 - Physician (MD or DO)
 - Physician’s Assistant (PA)
 - Advanced Practice Registered Nurse–Nurse Practitioner (APRN-NP)
 - Chiropractor
 - Licensed Medical Nutrition Therapist (LMNT) that is working with a licensed physician

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Meal Modification Forms

Request for Meal Accommodation

Request for Meal Accommodation

This form may be used to request meal modifications for students who have a physical or medical impairment and participate in the National School Lunch & School Breakfast Programs. The district will work collaboratively with parents to ensure equal opportunity to participate in the School Meal Programs and receive program benefits. However, if the district is unable to accommodate your student's request within the meal pattern requirements; a *Medical Statement* completed by a State licensed Medical Professional will be needed (SP 59-2016).

Parent/Guardian:

Completing the *Request for Meal Accommodation* form helps the school provide meal modifications within the meal pattern requirements for students with a mental or physical impairment. Your participation in this process is very important and communication with the school team allows for advanced planning and preparation needed to provide the accommodation. The district is not required to provide a specific substitution (such as a particular brand name), but offer a reasonable modification that effectively accommodates your child's needs.

Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Describe the student's physical or mental impairment:		
Specify any dietary restrictions or special instructions for meals:		
Signature of Parent/Guardian:		Date:
<p>IMPORTANT: The only fluid cow's milk substitutions allowed by USDA are (1) Lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. To see the non-dairy beverages that meet the this requirement visit https://www.education.ne.gov/ns/forms/nsiforms/SPdietMilkSub.pdf</p>		

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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: AD-3027, 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;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

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Nutrition Services
Revised: June 2023

Medical Statement

MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for school meals (SP 59-2016). Therefore, in order to meet your child's needs, this form must be completed and returned to the school. The form must be completed by a State Licensed Health Care Professional (Physician (MD or DO), Physician's Assistant (PA), Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), or Chiropractor. A Licensed Medical Nutrition Therapist (LMNT) may also complete and sign when acting under the consultation of the licensed physician.

Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Description of student's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:		If applicable, list foods to substitute:
Texture Modifications:		Thickness Modifications:
Signature of State Licensed Health Care Professional:		Name of referring physician working with LMNT (if applicable):
Printed Name and Title:	Phone Number:	Date:

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Return to:	_____
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Date form received by school:	_____
Follow-up:	_____

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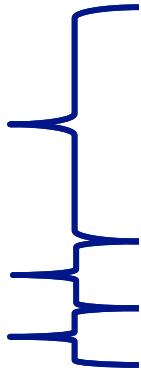
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Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Describe the student's physical or mental impairment:		
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Signature of Parent/Guardian:		Date:
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Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Description of student's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:		If applicable, list foods to substitute:
Texture Modifications:		Thickness Modifications:
Signature of State Licensed Health Care Professional or Registered Dietitian:		
Printed Name and Title:	Phone Number:	Date:



Medical Statement

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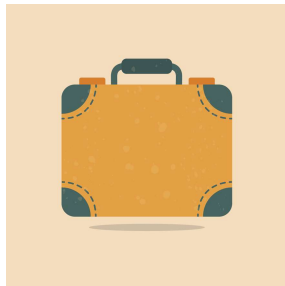


504 and IEP Plans

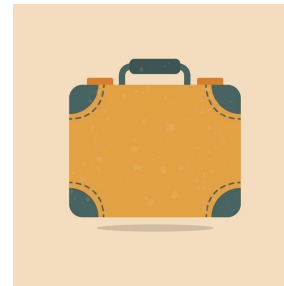
- Plans that are federal laws and offer comprehensive formal support for students with disabilities
- May include dietary accommodations

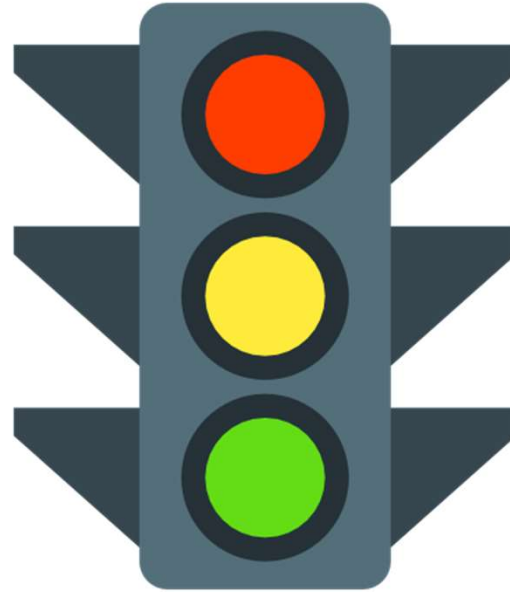


Assess on a case-by-case basis.



BY

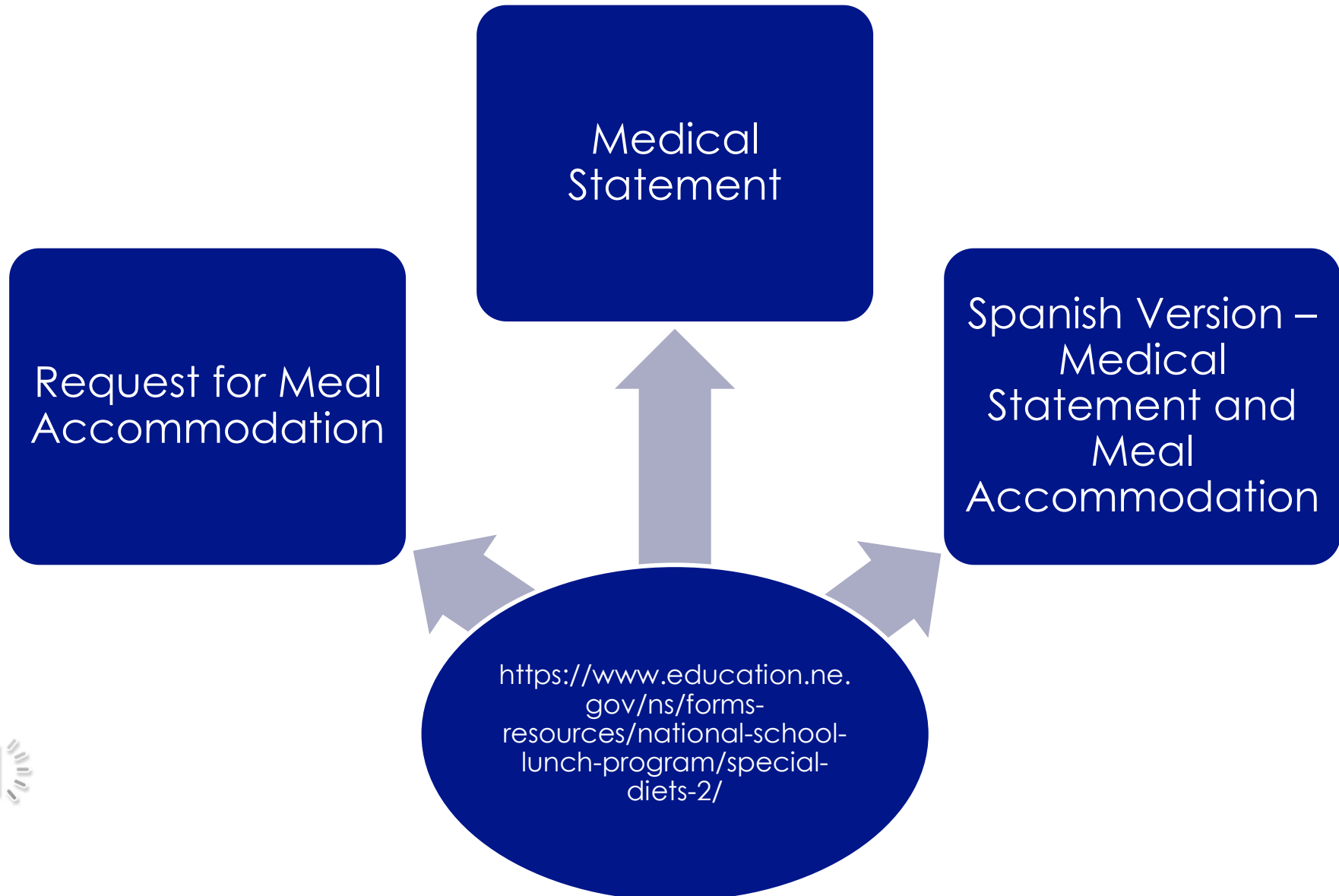




DO NOT DELAY



Download Forms



Record Retention

- Current student
 - Entirety of time spent at school district
 - Follow-up at least once a year
- No longer needing modifications
 - 3 years plus the current year



Meal Reimbursement

- SFAs can receive reimbursement for...
 - Modifications within meal pattern
 - Modifications outside of meal pattern supported by a Medical Statement



Offer Versus Serve (OVS)

- Students CANNOT be asked to exclude a food component
- Students must be able to select all food components
 - SFA MUST offer appropriate substitutions



Situational Requests

- Each request will be unique to the student
- Meal modification requests cover a wide spectrum of scenarios



Portion Sizes

- Requesting portions less than or more than minimum requirements
- Requires “Medical Statement”
- No additional reimbursement for SFA to cover added costs



Brand Name

- Specific brand names may be requested
- Requires “Medical Statement”
- Clarify request with the family
- Generic brand may be sufficient



Preferences

- Requests may be based on cultural, religious, or ethnic preferences
- Not a requirement to accommodate
- Accommodating may help with participation
- Modifications must fall within meal pattern



Milk


- Most common modification
 - May be:
 - A preference
 - Not required to accommodate
 - Or medically necessary
 - Required to accommodate
 - Medical Statement may be necessary



Milk

Fluid Milk Substitute Nutrient Requirements	
Nutrient	Per cup (8 fl. oz.)
Calcium	276 mg.
Protein	8 g.
Vitamin A	500 IU.
Vitamin D	100 IU.
Magnesium	24 mg.
Phosphorus	222 mg.
Potassium	349 mg.
Riboflavin	0.44 mg.
Vitamin B-12	1.1 mcg.

- Milk alternate must be nutritionally equivalent to cow's milk
 - Unless Medical Statement deems otherwise
 - Fluid Milk Substitutions List
- Water and juice are not acceptable substitutes



Meal Modification Scenarios!

Scenario # 1

A parent calls and requests a gluten-free diet.

Do you encourage the parent to complete a “Request for Meal Accommodation” or “Medical Statement” form?

➤ Request for Meal Accom.



Medical Statement

Scenario #2

Is an SFA required to make meal modifications for food preferences rather than for a physical or mental impairment?

➤ Yes



No

Scenario #3

A student no longer requires modified meals outside the Program meal pattern.

Must an SFA obtain an amended medical statement prior to ending the student's meal modification?

➤ Yes



No



Wrapping Up


- Meal modifications are important for students' health and safety
- Federal laws help determine how SFAs accommodate
 - “Request for Meal Accommodation”
 - “Medical Statement”
- Many different modifications may be requested
 - Each request should be individualized



Resources

- **SP 59-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs**
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 - <https://fns-prod.azureedge.net/sites/default/files/cn/SP26-2017os.pdf>
- **Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals**
 - <https://fns-prod.azureedge.net/sites/default/files/cn/SP40-2017a1.pdf>
 - Links for additional resources can be found at the end of this guidance manual.
- All images in this presentation can be found on Pickit.

Additional Resources

- American Diabetes Association
 - [Help for Schools](#)
- USDA 
 - [Food Allergy Resources](#)
 - [The Food Allergy Book](#)
- U.S. Food & Drug Administration
 - [Nutrition Facts Labels](#)

Questions?

- Contact Jessica Furmanski
 - Direct line: 308-660-8755
 - jessica.furmanski@nebraska.gov
- 
- Visit Nutrition Services webpage
 - <https://www.education.ne.gov/ns/forms-resources/national-school-lunch-program/special-diets/>

NDS

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