



School Nutrition Program
864 Broad Street - 2nd Floor
Augusta, Georgia 30901
Office: (706) 826-1122 – Fax: (706) 826-4647

Helen Minchew
President

Angela D. Pringle, Ed.D.
Superintendent of Schools

Kelly Schlein
Director of School Nutrition

Date: _____

Regarding Student: _____ School: _____

Dear Parent or Guardian:

You have made a request for meal modifications for the above named student. Please read the following regarding what the Richmond County School Nutrition Program can or cannot accommodate and the documentation that will be required.

A. If the request is for an accommodation because of a disability which affects a "major life activity" or a "major bodily function,"

- 1. the Medical Plan of Care for School Nutrition Program form (or written documentation with the same requested information) must be completed and provided to our office. All parts of the form EXCEPT Part 2 must be completed, and
2. the plan must specifically identify the disability, dietary restrictions and substitutions, any required changes of food texture, any special equipment or utensils needed, and any other direction regarding the feeding of the child and
3. the plan MUST be signed by a licensed physician and
4. the parent must sign in Part 5.
5. We request that the Health Insurance Portability and Accountability Act Waiver be signed so that we can discuss any requested accommodations with the physician or members of their office.

B. If the request is for an accommodation for a non-disability related issue that involves ONLY fluid milk,

- 1. the Medical Plan of Care for School Nutrition Program form (or written documentation with the same requested information) must be provided to our office. Complete Parts 1 and 2 and
2. the Parent/Guardian or a medical authority (physician, physician assistant, or nurse practitioner) may sign in Part 2 and
3. the parent/guardian must sign in Part 5.

NOTE: Richmond County School Nutrition Program will provide lactose free milk for students with lactose intolerance. In schools which have the Offer vs Serve meal option, milk is not required to be selected at meals. In schools which have traditional meal service, milk MUST be on a student's tray to complete a reimbursable meal. Unless the student has a disability (see Section A), milk (regular or lactose free) must be on the student's tray.

C. If the request is for an accommodation for a non-disability related issue OTHER than fluid milk,

1. the Medical Plan of Care for School Nutrition Program form (or written documentation with the same requested information) must be provided to our office. Complete Part 1, and
2. a medical authority (physician, physician assistant, or nurse practitioner) must complete Parts 3 and 4, and
3. the parent/guardian must sign in Part 5.
4. We request that the Health Insurance Portability and Accountability Act Waiver be signed so that we can discuss any requested accommodations with the physician or members of their office.

The Richmond County School Nutrition Program will work within established federal guidelines to accommodate dietary needs for students with identified disabilities. Requests for dietary accommodations for students with non-disabling dietary needs will be considered on a case by case basis to determine what our program can reasonably accommodate.

If an initial request is made by a parent/guardian for an accommodation that is not accompanied by the Medical Plan of Care, we will consider the request and identify what accommodation can be made for a period of no more than 7 calendar days. This will allow time for you to get the required documentation that we request. After that time period, we will not continue any accommodations without the proper documentation as requested on the Medical Plan of Care.

If you have questions regarding this matter, please call our office at 706-826-1122 and ask to speak with the coordinator for the student's school.

Sincerely,

Kelly Schlein
Director