

Meal Plan Accommodations based on a Medical Condition

Clarks Summit University is committed to supporting students with disabilities with reasonable meal plan accommodations to provide equal access to the University's dining plan and facility. The American with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The three factors influencing a determination of substantial limitation are

1. the nature and severity of the impairment,
2. the duration or expected duration of the impairment, and
3. whether the impairment is characterized as permanent or long-term.

The University has deemed it mandatory for all students living in residence halls to be on a meal plan for the following reasons: convenience, nutrition, and to promote campus community. Seventy-five percent of all universities across the country also have mandatory meal plans for students living on campus. Occasionally, students have special needs based on documented health conditions, such as those resulting in certain dietary restrictions, which may necessitate accommodations to the meal plan.

Clarks Summit University and Aladdin Food Management Services, LLC offer many dining options capable of accommodating different dietary needs, including student specific meal preparation for allergies, in addition to a wide array of healthy eating choices. We encourage students to meet with Dining Service's staff first to inquire about all the dining options before pursuing a meal plan accommodation. A complete exemption from participation in the meal plan is rare and will only be considered when needs cannot be accommodated by Aladdin Dining Services.

Students must complete and submit a Meal Plan Accommodation Request Form to Student Support Services.

This form provides our office with reliable documentation that the student has a disability. Documentation must also show that the requested accommodation is necessary to provide them with equal access to the University's meal plan and/or facility; in addition, there must be an identifiable relationship between the requested accommodation and the disability. The treating health care provider completing the form must specialize in a field consistent with the diagnosis, as well as be familiar with the student's disability and the necessity for the requested accommodation. To avoid any conflict of interest, a non-family healthcare provider must provide documentation.

PLEASE NOTE

Dietary accommodations will not be granted based on personal choice. Aladdin Dining services offers vegan, vegetarian, and gluten-free menu options. Additional follow-up may be necessary to sufficiently identify appropriate accommodations.

Meal Plan accommodations are NOT retroactive and financial refunds will not be granted for current or past semesters. Once the semester begins, all approved meal plan accommodations will be applied to the following semester.

Meal Plan Accommodation Request Form

TO BE COMPLETED BY STUDENT

Student name	Grad year
Cell phone	ID number
Email	

YES	NO	
		Do you already receive Disability Services Accommodations? Accommodations requested for: fall spring
		Is this request related to a temporary condition or impairment? If yes, please indicate the expected duration of illness or disability:
		Do you work with a licensed dietitian? Yes, please name
		Are you currently admitted to Clarks Summit University?

Disability Services

What is your documented disability or medical condition?
Please provide an explanation with examples of how your disabling condition impacts your ability to participate in a meal plan.

Meal Plans

Please check any modifications to the meal plan you believe are necessary to accommodate your disability/medical condition.

- Gluten Free
- Diet for Gastrointestinal
- Dairy Free Diseases (e.g., Crohn's)
- Vegetarian
- Diets for Diabetes
- Vegan
- Low Glycemic Diet
- Other

Application Checklist

- I read and understand the Documentation Guidelines for Requesting a Meal-Plan Accommodation.
- I sent my health care professional(s) the Disability Documentation form for Medical Professionals.
- I have included documentation of my disability –OR–
- I have already submitted documentation of my disability –OR–
- I will be submitting disability medical documentation from my health care provider shortly.

By my signature below, I state that the above information and statements are true. I give my consent for the Meal Plan Accommodation Committee to contact any of my medical professional(s), identified in my medical documentation, for additional information as needed to assess my requested accommodations. This acts as a release of content form for all parties involved in determining accommodations.

Student Signature _____	Date _____
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Meal Plan Accommodation Verification

TO BE COMPLETED BY TREATING HEALTHCARE PROVIDER

Student name		Student DOB
Name of health care provider		
Credentials and specialty		License #
Address		
City/State/Zip		
Phone number	Fax number	
Email		
Professional signature _____		Date _____

PLEASE SUBMIT ANSWERS TO THE FOLLOWING QUESTIONS:

YES	NO	
		Based upon the definition above, does this student have a disability? If yes, please state the medical diagnosis or condition.
		Is this condition permanent? If the condition is not permanent, what is the anticipated duration of the condition?
		Was this diagnosis made by you? State the date if yes If not made by you, by whom was it made?
How long has this student been under your care?		
What is the date of your most recent evaluation of this student?		
Using as much space as needed, please describe the type, severity and frequency of symptoms experienced by this student and how the disability interferes with the student participating in the University's meal plan and/or eating in the University's dining facility.		
Specify level of sensitivity for all food allergies. Specify each allergen, and mark all that apply. Please explain. TWO OPTIONS BELOW:		
Life threatening anaphylaxis (Student carries an epi-pen)		High sensitivity , no anaphylaxis
	due to airborne contact	due to airborne contact
	due cross-contamination	due cross-contamination
	due to ingesting food, only	due to ingesting food, only
	other (please specify)	other (please specify)
Describe the requested meal plan accommodation. Please explain how the requested accommodation is necessary to allow equal access to the University's meal plan and facility.		
In addition, mark all that apply. gluten-free menu options dairy and lactose-free menu options specialized diets for gastrointestinal diseases (e.g. Crohn's, Celiac, Colitis, IBS, etc) menu-planning consultation with Dining Services staff other (please describe any modifications you believe are necessary; specify other food allergies, sensitivities and/or conditions)		



If applicable and not already provided above, please provide a list of foods that must be avoided (categories. and/ or foods that are acceptable (categories)

