

FANS (Food and Nutrition Services)
Gretna Public Schools
Gretna, NE



Dear Parent or Guardian,

Gretna Public Schools take all aspects of your child's safety as one of our most important responsibilities. School meals are no exception. Nutrition Services participates in the National School Lunch Program (NSLP) and offers safe and wholesome meals for all students with no bias or discrimination. The state form(s) are only used if your child will need a meal (K-12) or snack (ECC) accommodation **while at school and from Gretna Food and Nutrition Services.**

If your child will need a **NEW or updated** meal accommodation, parents/guardians will need to complete one of the two attached forms to help ensure the safety of their student. If your student has an active 504 plan, this form will become a part of the plan. If you would like more information on 504 plans, it is available from your school nurse.

If your child has an accommodation on file from a previous year and there are no changes, the forms are not required annually. It is required by the Nebraska Department of Education Nutrition Services that all diet accommodations are reviewed annually. Please discuss with your medical professional if updates are needed.

More information on which form is best for your situation is available on page 2 of the document and titled School Meal Accommodation Guidance. A completed form should be sent by mail, email or fax to:

Kaitlyn Kavan
Director of FANS (Food and Nutrition Services)
Gretna Public Schools
11335 S 204th St
Gretna, NE 68028
kkavan@gpsne.org
(402) 408-2535 fax

It is important that you update the form if your child's needs change during the school year. If you would like to discuss your child's dietary needs or need help completing this form, please call or email me directly.

Sincerely,

Kaitlyn Kavan
(402) 332-3936
(402) 408-2535 fax
kkavan@gpsne.org

School Meal Accommodation Guidance

Only one student can be recorded on each form.

The form(s) are only used if your child will need a meal or snack accommodation **while at school and from Gretna Food and Nutrition Services**. Some instances are but not limited to: due to an allergy, celiac disease, gluten intolerance, lactose intolerance or another medical condition. There are two different forms available but only one form is needed based on the type of accommodation request.

NSLP Meal Pattern – 5 Components on all planned menus

1. Protein, represented by various meat sources as well as yogurt, cheese, eggs, and beans. Nuts and tree nuts are used only at middle and high schools. Serving size varies by age group.
2. Grains, 50% of grains served are required to be whole grain rich and can be sliced bread, other baked goods, rice, pasta, cereal, breadings and cooked grains. Serving size varies by age group.
3. Fruit, represented using fresh, frozen, and canned. Serving size varies by age group.
4. Vegetables, requirements include serving specific nutrient color groups. Serving size varies by age group.
5. 8oz Fluid Low Fat or Fat Free Milk

OPTION ONE: **Request for Meal Accommodation Form** Use for accommodations that can be met within the NSLP meal pattern requirements. This form can be completed by a parent or legal guardian. All reasonable requests will be accommodated. Examples of use are:

1. Fluid milk allergy: 8 oz. lactose free milk substituted for 8 oz. traditional fluid milk OR 8 oz. of an approved NSLP dairy alternative substituted for 8 oz. traditional fluid milk. Nut milks are not an approved substitute.
2. Single item food allergy, simple substitution: Nutrition Services can reasonably substitute another item (already on hand and from the same food group) in place of the allergen item.
 - a. Strawberry allergy: ½ cup Grapes substituted for ½ cup Strawberries
 - b. Egg allergy: Breakfast sausage substituted for scrambled eggs

OPTION TWO: **Medical Request Form** Use for accommodations that cannot be met within the NSLP meal pattern requirements. A completely new item will need to be purchased or meal pattern altered. Nutrition Services will review each request and identify what substitutes are available to meet the needs of the student. This form must be completed and signed by a State Licensed Health Care professional (see form for details).

Forms need to be completed and processed prior to any menu changes.

Questions should be directed to Kaitlyn Kavan, Director of Nutrition Services, kkavan@gpsne.org

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:
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/nsfpforms/SPdietMilkSub.pdf		

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, disability, age, 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. Individual 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: http://www.ascr.usda.gov/complaint_filing_cust.html 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

This institution is an equal opportunity provider.

Internal Use - School Information

Return to: Kaitlyn Kavan, Director of FANS (Food & Nutrition Services)

Gretna Public Schools, 11335 S 204th St, Gretna NE 68028 402-408-2535

Date form received by school: _____

Follow-up: _____

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 <i>(if applicable)</i> :	
Printed Name and Title:	Phone Number:	Date:

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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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