

Request for Special Dietary Accommodations

Participant Name:	Date of Birth:
Guardian Name:	Phone:
Mailing Address:	City/State/ZIP:
Center/Site Name:	
X _____ Signature of Participant or Guardian	
_____ Date	

Diet Order

Federal law and USDA regulation require nutrition programs to make reasonable modifications to accommodate those with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

- 1. Describe how the impairment affects the participant** (i.e, how the ingestion/contact with the food impacts the participant):

- 2. Explain what must be done to accommodate the participant's diet** (i.e, specific food(s) to be omitted/avoided from the participant's diet):

- 3. List food(s) and/or beverages to be substituted, provided, or modified:**

X _____
Signature of State-Recognized Medical Authority* Date

Clinic Name

**State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in Washington: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Naturopathic Physician, or Advanced Registered Nurse Practitioner (ARNP).*

This institution is an equal opportunity provider.