

Special Diet and Milk Substitution Requests

Corona Norco Unified School District

Child Nutrition Services

After completed special diet forms are submitted to Child Nutrition and processed, the CNS Manager completes the diet, and the Cafeteria Lead informs all parties when special diet meals will begin. Below is information on different special diet requests:

1. **First-Time Special Diet Request:**

- A. Parent completes Section A of the **CNUSD Medical Statement to Request Special Meals* (Special Diet Request Form), gives the form to a health care professional (Licensed Physician, Physician Assistant or Nurse Practitioner) to complete section C, and turns in completed form to Cafeteria Lead.
- B. Please note that special meals are not provided to accommodate food preferences or religious convictions.

**Special Diet Form consists of two pages with instructions and information on page 2.*

2. **Renewing Last Year's Special Diet Request:**

- A. If there are **NO CHANGES** to the student's special diet from last year, the form will carry over and Child Nutrition will continue to accommodate.
- B. If there are changes to the student's special diet from last year (including a change to the school attended), then parent must submit a new Special Diet Form.

3. **Milk Substitution:**

Beverage Requested	Action or Form Needed
<i>Almond Milk, Rice Milk, Water, or Juice</i>	Parent completes section A on the Special Diet Form. A health care professional completes section C. Parent gives the completed form to Cafeteria Lead.
<i>Soy Milk</i>	Parent completes the <i>Parental Request to Substitute Soy Milk for Fluid Milk</i> and gives completed form to Cafeteria Lead. Only parent/guardian signature needed.
<i>Lactose-Free Milk</i>	No form needed. Inform the Cafeteria Lead which meals the student should receive this milk.

Child Nutrition Services Contact Information		
Name		Email
Megan Cook	CNS Director	megan.cook@cnusd.k12.ca.us
Kimberly Denaple	CNS Manager	kdenaple@cnusd.k12.ca.us
Open	Nutrition Assistant	
Yessenia Jimenez	Secretary	yjimenez@cnusd.k12.ca.us

**INSTRUCTIONS AND INFORMATION FOR
CNUSD MEDICAL STATEMENT TO REQUEST SPECIAL
MEALS AND OTHER RELATED FORMS**

A. CAFETERIA LEAD AND PARENT/GUARDIAN:

1. Cafeteria Lead provides **CNUSD Medical Statement to Request Special Meal Form** to the parent/guardian.
2. Parent/Guardian completes Section "A".
3. Cafeteria Lead completes Section "B".
4. Healthcare Professional completes Section "C"
5. Parent returns form to Lead who checks that all sections of the form are complete.
6. If incomplete, Lead returns form to parent for completion.
7. Cafeteria Lead scans and emails completed form to CNSSpecialMeals@cnusd.k12.ca.us.
8. CNS Manager or nutrition assistant emails Lead an approved diet or reason why a request could not be fulfilled.
9. Cafeteria Lead files the special diet original in the cafeteria and makes note of the accommodation in computer system. CNS clerk attaches and electronic copy to students Titan file.
10. Cafeteria Lead orders and provides all special meals.
11. Special meals are not provided to accommodate food preferences or religious convictions.
12. If soy milk is needed, Lead provides parent with Parental Request to Substitute Soy Milk for Fluid Milk form.
13. If special diet is discontinued, parent must provide Child Nutrition Services with a written request to discontinue. This will be filed electronically in the students Titan account.

B. LICENSED HEALTH CARE PROFESSIONAL COMPLETING SECTION C:

1. The State Licensed Healthcare Professional signing this form must complete all boxes under Section C; however, boxes 19 and 20 are only required if the student has a dairy or egg allergy or intolerance.
2. Specific details are required for items 15 and 17. When requesting a "lowered or reduced" amount of any nutrient, it must be written in allowable grams of said nutrient per meal or the form will be returned to the Healthcare Professional for completion. Additional pages may be attached to this form if necessary.
3. If all sections are not complete, the form will be returned, and **the special diet will not be processed.**
4. A state licensed healthcare professional in California is a **Licensed Physician, Physician Assistant or Nurse Practitioner.**

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and the ADA Amendment Act of 2008: A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions. "Has a record of such an impairment" means a person has or has been classified (or misclassified) as having a history of mental or physical impairment that substantially limits one or more major life activities.