# Request for Special Dietary Accommodations

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Name:</td>
<td>Phone:</td>
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<tr>
<td>Mailing Address:</td>
<td>City/State/ZIP:</td>
</tr>
<tr>
<td>Center/Site Name:</td>
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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

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*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.