

# INTEROFFICE CORRESPONDENCE

## Los Angeles Unified School District

**TO:** Food Service Manager, Nurse, Parent/Guardian      **DATE:** March 19, 2021  
**FROM:** Food Services Division  
**SUBJECT:** Special Diet and Milk Substitution Requests

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After completed special diet forms are submitted to Food Services and processed, a Nutrition Specialist completes the diet, and the Food Service Manager (FSM) informs all parties when special diet meals start. Below is information on different special diet requests:

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

- A. Parent completes Section A of the *\*LAUSD 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 FSM.
- 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, then the parent can renew the diet by signing and dating the bottom of the special diet form filed in the cafeteria.
- B. If there are changes to the student's special diet from last year, then parent must submit a new Special Diet Form.

3. **Milk Substitution:**

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

Nutrition Specialist Contact Information		
District	Nutrition Specialist	Email
Northeast, Northwest	Kim Nguyen	<a href="mailto:duyen.nguyen@lausd.net">duyen.nguyen@lausd.net</a>
Central	Homa Hashemi	<a href="mailto:homa.hashemi@lausd.net">homa.hashemi@lausd.net</a>
West	Ivy Marx	<a href="mailto:ivy.marx@lausd.net">ivy.marx@lausd.net</a>
East, South	Kayley Drain	<a href="mailto:kayley.drain@lausd.net">kayley.drain@lausd.net</a>

**LAUSD MEDICAL STATEMENT TO REQUEST SPECIAL MEALS**

<b>A. Parent/Guardian: Complete boxes 1-6 (Padres/tutores: Complete recuadros 1-6)</b>		
<b>1. Student Last Name (Apellido)</b>	<b>2. Student First Name (Nombre del estudiante)</b>	<b>3. Date of Birth (Fecha de nacimiento)</b>
<b>4. Parent/Guardian Name (Nombre de los padres/tutores)</b>	<b>5. Parent/Guardian Phone # (Número de teléfono del los padres/tutores):</b> <input type="checkbox"/> Home (Casa) / <input type="checkbox"/> Cell (Celular): ( ____ ) _____ - _____ Email Address (Correo Electrónico):	
<b>6. Meals Eaten at School (Marque las comidas que su niño/a come en la escuela)</b> <input type="checkbox"/> Breakfast (Desayuno) <input type="checkbox"/> Lunch (Almuerzo) <input type="checkbox"/> Snack (Merienda) <input type="checkbox"/> Supper (Cena)		

<b>B. Food Services Manager (FSM): Complete boxes 7-16</b>				
<b>7. School Name</b>		<b>8. Loc. Code #</b>	<b>9. District</b>	<b>10. Kitchen Type</b> <input type="checkbox"/> PREP <input type="checkbox"/> NNC
<b>11. LAUSD Student ID Number</b> (ID# not available for EEC students)		<b>12. Area Food Service Supervisor Name (AFSS):</b>		
<input type="text"/>		<input type="text"/>		
<b>13. FSM Name</b>	<b>14. FSM Email</b>	<b>15. Cafeteria Phone #</b>	<b>16. Check box if this an EEC Student?</b> <input type="checkbox"/>	
<input type="text"/>	<input type="text"/> @lausd.net	( ____ ) _____ - _____		

<b>C. State Licensed Healthcare Professional (Licensed Physician, Physician Assistant or Nurse Practitioner): Complete 17-30</b>	
<b>17. Description of Child's Physical or Mental Impairment Affected:</b> <i>(Describe how the physical or mental impairment restricts the child's diet)</i>	
<input type="text"/>	
<b>18. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:</b> <i>Describe specific diet or accommodation</i>	
<input type="text"/>	
<b>19. Indicate Special Texture if Needed:</b> <input type="checkbox"/> Ground <input type="checkbox"/> Pured <input type="checkbox"/> Chopped Finely <input type="checkbox"/> Chopped Dime-Sized <input type="checkbox"/> Chopped Nickel-Sized <input type="checkbox"/> Chopped Quarter-Sized	
<b>20. Foods to be Omitted and Substitutions</b> <i>(List specific foods to be omitted and specific foods to include. Attach separate sheet if needed)</i>	
<b>A. Foods to be Omitted</b>  _____	<b>B. Suggested Substitutions (Foods to Include)</b>  _____
 _____	 _____
 _____	 _____
<b>21. Adaptive equipment to be used</b> <i>(If applicable, describe specific equipment required to assist child with dining):</i>	
<input type="text"/>	

<b>22. &amp; 23:</b> <b>Only</b> <b>complete if applicable to student.</b>	<b>22. Milk/Dairy Allergy or Intolerance: This student is <u>NOT</u> able to eat/drink the following (check off all that apply):</b>		
	<input type="checkbox"/> Fluid Cow's Milk	<input type="checkbox"/> Lactose Free Cow's Milk	<input type="checkbox"/> Baked Goods containing Milk/Dairy products
	<input type="checkbox"/> Yogurt	<input type="checkbox"/> Cheese	<input type="checkbox"/> Condiments containing Milk/Dairy products
	<b>23. Egg Allergy or Intolerance: This student is <u>NOT</u> able to eat the following (check off all that apply):</b>		
	<input type="checkbox"/> Scrambled Eggs/Egg Patties	<input type="checkbox"/> Condiments containing eggs <i>(mayonnaise, salad dressings, etc.)</i>	
	<input type="checkbox"/> Baked Goods containing eggs	<input type="checkbox"/> Foods containing eggs as a minor ingredient	
<b>24. Name of State Licensed Healthcare Professional:</b>		<b>25. Signature of State Licensed Healthcare Professional:</b>	<b>26. Date:</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>27. Check One:</b> <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> Nurse Practitioner		<b>28. Healthcare Professional's Phone #:</b> ( ____ ) _____ - _____	
<b>29. If applicable, Name of Registered Dietitian following student:</b>		<b>30. Dietitian Phone #:</b> ( ____ ) _____ - _____	
<input type="text"/>		<input type="text"/>	

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

**A. FOOD SERVICE MANAGER AND PARENT/GUARDIAN:**

1. FSM provides ***LAUSD Medical Statement to Request Special Meal Form*** to the parent/guardian.
2. Parent/Guardian completes Section "A".
3. Food Service Manager (FSM) completes Section "B".
4. Healthcare Professional completes Section "C"
5. Parent returns form to FSM, who checks that all sections of the form are complete.
6. If incomplete, FSM returns form to parent for completion.
7. FSM can accept a doctor's medical statement identifying a student's special diet needs.

The statement must include the following:

- |                          |                            |
|--------------------------|----------------------------|
| a) Student Date of Birth | d) School Name             |
| b) Student ID Number     | e) FSM Name, Email Address |
| c) Parent/Guardian Name  | f) Cafeteria Phone Number  |
8. FSM scans and emails completed form to [specialdiet@lausd.net](mailto:specialdiet@lausd.net).
  9. Nutrition Specialist (NS) emails FSM an approved diet or reason why a request could not be fulfilled.
  10. FSM files the special diet original in the cafeteria and give a copy to the parent/guardian, school nurse, and Section 504 coordinator.
  11. FSM orders and provides all special meals including Newman Nutrition Center meals.
  12. If parent and/or nurse requests additional nutrition information about meals, FSM can direct them to the LAUSD website at <http://achieve.lausd.net/Page/11718> for the monthly menu, *Food Allergen and Ingredient List, Nutrient Analysis and Carbohydrate Count*.
  13. Special meals are not provided to accommodate food preferences or religious convictions.
  14. If soy milk is needed, FSM provides parent with *Parental Request to Substitute Soy Milk for Fluid Milk* form.
  15. If special diet is discontinued, FSM provides parent the *Statement to Discontinue Special Diet* form.

**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 22 and 23 are only required if the student has a dairy or egg allergy or intolerance.
2. Specific details are required for items 17 and 18. 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.