



MEAL PLAN ACCOMMODATION REQUEST FORM

Allegheny College is committed to supporting students with disabilities with reasonable meal plan accommodations to provide equal access to the College's dining plan and facility.

The American with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The three factors influencing a determination of substantial limitation are 1) the nature and severity of the impairment, 2) the duration or expected duration of the impairment, and 3) whether the impairment is characterized as permanent or long-term.

Students must complete and submit a Meal Plan Accommodation Request Form to the Student Accessibility & Support Services Office. Students will first be asked to meet with a member of the food service provider for the college to determine if they are able to meet the needs of the student. When the disability and/or need for accommodation is not obvious, students may also be asked to have a treating healthcare provider complete and submit a Meal Plan Accommodation Verification Form to the Student Accessibility & Support Services Office. This form provides the Student Accessibility & Support Services Office with reliable documentation that the student has a disability. Documentation must also show that the requested accommodation is necessary to provide them with equal access to the College's meal plan and/or facility; in addition, there must be an identifiable relationship, or nexus, between the requested accommodation and their disability. The treating health care provider completing the form must specialize in a field consistent with the diagnosis, as well as be familiar with the student's disability and the necessity for the requested accommodation. To avoid any conflict of interest, documentation must be provided by a non-family healthcare provider. When all of the appropriate forms have been submitted and dining services has determined they cannot provide what the student's documentation supports, Student Accessibility & Support Services will review the request.

Student Name (Printed)

Student ID

Cell #:

Current Housing Assignment (Building & Room)

Allegheny Email Address

Current Class Year: ☐ Senior ☐ Junior ☐ Sophomore ☐ First Year

Terms Requesting: ☐ Fall & Spring (upper class students submit by February 15)
(first-year / transfer / re-admitted students by July 1st)

Please Answer the Following Questions:

- 1) Please identify the disability for which you are seeking a meal plan accommodation. What is the nature and severity of this impairment?
- 2) How long is this impairment expected to last? Is it characterized as permanent or long term? Please explain.
- 3) Describe your requested meal plan accommodation. Please explain how the accommodation is necessary to allow you equal access to the College's meal plan and facility?*
- 4) Have you been approved for a meal plan accommodation previously? If yes, how is this request the same or different?

**Students who need a housing accommodation because of a medical dietary disability and/or condition, other than access to a community kitchen, must also follow the process for requesting a housing accommodation.*

Please return this completed document to:

Allegheny College
Student Accessibility & Support Services, Box #6
Maytum Center for Student Success
520 North Main Street
Meadville, PA 16335

Phone: 814-332-2898 Fax: 814-281-3049
jmangine@allegheny.edu