



MEAL PLAN ACCOMMODATION VERIFICATION 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 that are being requested on this form. 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.

Student Name (Printed)

Student Date of Birth

Name of Health Care Provider

Credentials & Speciality of Health Care Provider

License #

Telephone #

Fax #

Email Address

Professional Signature

Please Answer the Following Questions:

Date

1) Based upon the definition above, does this student have a disability? Yes No
2) If yes, please state the medical diagnosis or condition.

3) Is this condition permanent? Yes No
4) If the condition is not permanent, what is the anticipated duration of the condition?

5) Please state the date of diagnosis. Was this diagnosis made by you? Yes No
If the diagnosis was not made by you, by whom was it made?

6) How long has this student been under your care? What is the date of your most recent evaluation of the student?

7) Using as much space as needed, please describe the type, severity and frequency of symptoms experienced by this student and how the disability interferes with the student participating in the College's meal plan and/or eating in the College's dining facility.

8) Specify the level of sensitivity for all food allergies. Specify each allergen, and mark all that apply.
Please explain

- Life threatening / anaphylaxis
 - Due to airborne contact
 - Due to cross-contamination
 - Due to ingesting food, only
 - Other (please specify)
- High Sensitivity, no anaphylaxis
 - Due to airborne contact
 - Due to cross-contamination
 - Due to ingesting food, only
 - Other (please specify)

9) Describe the requested meal plan accommodation. Please explain how the requested accommodation is necessary to allow equal access to the College's meal plan and facility.

In addition, mark all that apply:

- Gluten-free menu options
- Dairy and lactose free menu options
- Vegan menu options
- Specialized diets for gastrointestinal diseases (e.g. Crohn's, Celiacs, Colitis, IBS, etc.)
- Menu-planning consultation with Dining Services staff
- Other (please describe any modification(s) you believe are necessary; specify other food allergies, sensitivities, and/or conditions)
- Exemption from meal plan

10) If applicable and not already provided above, please provide a list of foods that must be avoided (categories) and/or foods that are acceptable (categories).

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
jmagine@allegheny.edu

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