

## Request for Special Dietary Accommodations

Participant Name:	Date of Birth:
Guardian Name:	Phone:
Mailing Address:	City/State/ZIP:
Center/Site Name:	
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

\_\_\_\_\_  
Clinic Name

*\*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.*