

## **PARTICIPANTS WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS**

### **Wisconsin Department of Public Instruction**

#### **A. Rehabilitation Act of 1973 and the Americans with Disabilities Act**

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

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. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Section 504 of the Rehabilitation Act of 1973, as amended (Section 504) prohibits discrimination on the basis of a disability in programs and activities that receive Federal financial assistance, such as the Child Nutrition Programs. Title II of the Americans with Disabilities Act of 1990 (ADA), as amended, prohibits discrimination based on a disability in the provision of State and local government services, such as public schools. Title III of the ADA prohibits discrimination based on a disability by private entities that provide public accommodations, including child care centers, emergency shelters, and day care homes. The ADA applies regardless of whether or not a Program operator receives Federal financial assistance. Section 504, Title II, and Title III require covered entities, such as CACFP institutions and facilities, to make reasonable modifications to accommodate participants with disabilities, including reasonable modifications to meals and the meal service.

Please refer to these Acts for more information at <https://www.eeoc.gov/statutes/rehabilitation-act-1973> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>, respectively.

#### **B. Individuals with Disabilities Education Act**

Preschool children, infants, and toddlers with disabilities have additional rights under the Individuals with Disabilities Education Act (IDEA). Under section 619 of the IDEA, preschool children with disabilities are entitled to a free and appropriate public education through special education and related services that comply with the child’s individualized education program. Under Part C of the IDEA, appropriate early intervention services are made available to all eligible infants and toddlers ages 1 through 2 years old with disabilities and their families through an individualized family service plan.

#### **C. Medical Statement for Participants with Disabilities**

Federal law and U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b require CACFP operators to make substitutions to meals, at no extra charge, for participants with a disability that restrict their diet on a case-by-case basis and only when requests are supported by a written statement from a State licensed healthcare professional who is authorized to write medical prescriptions under State law or a registered dietitian.

The written statement must identify:

- an explanation of how the participant’s physical or mental impairment restricts the diet
- the food(s) to be avoided
- the food(s) that must be substituted

The second page of this document (“Medical Statement”) may be used to obtain the required information from the state licensed healthcare professional.

The following are State licensed healthcare professionals authorized to write medical prescriptions in Wisconsin: physician, dentist, optometrist, podiatrist, physician assistant, and nurse practitioner with an APNP certificate/credential. If the documentation to support a dietary accommodation has not been signed by one of these State licensed healthcare professionals or a registered dietitian, the program is not required to accommodate the request.



## Medical Statement

A state licensed healthcare professional who is authorized to write medical prescriptions under state law or a registered dietitian must complete Parts 2 and 3 and sign this form. In Wisconsin this includes a Physician, Physician Assistant, Nurse Practitioner (APNP), Dentist, Optometrist, or Podiatrist.

### PART 1: GENERAL INFORMATION

First and Last Name of Participant	Date of Birth
Name of Center/Care Provider	
Name of Parent/Guardian	Telephone Number

### PART 2: ACCOMMODATIONS

1. How does the participant's physical or mental impairment restrict their diet?			
2. What food(s)/type(s) of food must be omitted? Please be specific.			
3. List foods to be substituted. (Avoid specific brand names, if possible).			
4. Additional comments (i.e., other specified accommodations needed).			
Texture Modification (Complete if needed)			
<input type="checkbox"/> Pureed	<input type="checkbox"/> Ground	<input type="checkbox"/> Bite-Size Pieces	<input type="checkbox"/> Other (specify):

### PART 3: SIGNATURE

Name of State Licensed Healthcare Professional/ Registered Dietitian	Title: <input type="checkbox"/> Dentist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner (APNP) <input type="checkbox"/> Podiatrist <input type="checkbox"/> Optometrist <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> Physician
Signature of State Licensed Healthcare Professional/ Registered Dietitian ➤	Medical Office Name and Address
Date Signed	Phone Number