Dietary Modification Request Form for Students with Disabilities or Food Allergies

Students with food allergies or disabilities that require accommodation or modification to enable them to fully and equally enjoy the privileges, advantages, and accommodations of Drew’s food service and meal plan system must complete and submit this form. Drew University will not entertain dietary accommodation requests based on food preference, the desire to prepare one’s own meals, or any other reason that cannot be medically verified. Reasonable modification of a student’s meal plan is possible only if there is a verifiable medical diagnosis that cannot be met by Drew’s food service vendor.

Directions to Students:
• Complete Part I and Identifying Information in Part II
• Sign the Consent for Release of Information in Part I and Part II
• Provide Part II to your qualified healthcare provider
• Both parts must be returned to OAR by July 15th for fall requests or October 31st for spring requests

Part I: Student to complete the following:

Name (please print clearly): ____________________________________________________________

Drew ID#: _______________________________________________________________________

Student Cellular #: __________________________________________________________________

Drew Email: _____________________________________________________________________

Status/Campus:   o Incoming Freshman   o Transfer   o Returning (Year: ________________)

Accommodation Request is for:   o Fall   o Spring   Year: ______

1. State the disability for which you are requesting a dietary accommodation:
   _____________________________________________________________
   _____________________________________________________________

2. Please explain the dietary accommodation(s) you are requesting.
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
3. Have you had this accommodation at Drew University in the past? ________________

4. Please describe how this accommodation will reduce the impact of your disability.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

5. Please add any other information you feel is important for us to consider in reviewing your request.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

6. Would you like Disability Support Services to contact you regarding disability related academic accommodations or support services? Yes_______ No_______

Student Signature: __________________________________________ Date:______________

Consent for Release of Information (to be completed by student):

I authorize ______________________ (physician or evaluator’s name) to disclose the information requested by this form to the office of Accessibility Resources at Drew University for the purpose of evaluating my request for dietary accommodations. I also allow both parties to discuss any information related to my dining/meal plan accommodation request. I understand that my personal medical information will be shared on a “need to know basis” with other university offices.

Student Signature: __________________________________________ Date:______________
All on-campus residence hall students are required to purchase a meal plan. Students with food allergies or disabilities that require accommodation or modification to enable them to fully and equally enjoy the privileges, advantages, and accommodations of Drew’s food service and meal plan system must complete and submit this form. Drew University will not entertain dietary accommodation requests based on food preference, the desire to prepare one’s own meals, or any other reason that cannot be medically verified. Reasonable modification of a student’s meal plan is possible only if there is a verifiable medical diagnosis that cannot be met by Drew’s food service vendor.

Name (please print clearly): ______________________________________________________________

Date of Birth: ___________ Phone: ____________________________

Consent for Release of Information (to be completed by student):

I authorize ___________________________ (physician or evaluator’s name) to disclose the information requested by this form to the office of Accessibility Resources at Drew University for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my dietary accommodation request. I understand that my personal medical information will be shared on a “need to know basis” with other university offices.

Student Signature: __________________________________________ Date: __________

Part II: Physician or Disability Evaluator Verification

PROFESSIONAL EVALUATION OF DISABILITY

You are being asked to provide documentation of disability for your patient. Accommodations are only available to students identified as having a disability. A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.” Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

1. Based on this definition does the individual have a disability? _______ Yes ______ No
   Date of original diagnosis: ___________ Date of most recent evaluation: ________________
   Is the student currently under your care? _______ Yes ______ No

2. State the student’s disability diagnosis, including diagnostic code.
   __________________________________________________________________
   __________________________________________________________________

3. Describe the type and frequency of symptoms currently experienced by the student due to the condition(s).
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
Severity of condition: Mild_______ Moderate_______ Severe_______ Other _________________

4. What do you foresee as the impact in a college dining hall setting? ____________________________

5. What is the expected duration, stability, or progression of the disability? ____________________________

6. Please describe current treatments prescribed. ________________________________________________

7. Is the disability mediated or controlled by medications, other treatments, or external prosthetics? ___ Yes ___ No Please explain: ____________________________

8. What specific dietary accommodation(s) are necessary due to this condition? ____________________________

9. What dietary accommodations do you consider to be preferred but not medically necessary? ____________________________
THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID

Physician or disability evaluator INFORMATION (Please Print)

Name: ________________________________________________________________
Title: ____________________________ Specialty: _____________________________
Office Address: ________________________________________________________
Phone: ____________________________
License/Certification Number and State of License ____________________________________________
How long have you treated this patient? _______________________________________________________
Date of most recent office visit? _____________________________________________________________
May we contact you if we have questions about this student’s accommodation request? _____Yes _____No

Signature: _______________________________________________ Date: _________________

PLEASE MAIL, FAX or EMAIL COMPLETED FORM TO:
Accessibility Resources
Drew University
35 Madison Ave, Madison, New Jersey 07940
(973) 408-3962 (p), (973) 408-3768(f)
dgioux@drew.edu