REQUEST FOR DINING ACCOMMODATIONS

Luther College, a residential campus, is deeply committed to fully including all students, including those with disabilities, in every aspect of college life. As part of this commitment, students living in Luther College's residential housing must sign up for a meal plan. We understand that some students may have food allergies or other conditions that limit their dietary choices, and we are dedicated to reasonably accommodating these needs in our dining services program.

Please note that exemptions from meal plans are rare and will only be considered on a case-by-case basis. If a student requests a release from the meal plan requirement, the student should be aware that dietary restrictions do not always constitute a valid reason for canceling a meal plan contract. If Dining Services cannot accommodate the student's special diet based on their documented health conditions, a dining exemption would be considered. Accommodations that can be provided by a change of housing assignment for eligible students will be offered an option pending availability.

It's crucial to understand that this policy is designed to support students whose food allergies or medical conditions have been diagnosed and documented by a licensed medical provider. This policy does not apply to students with specific food preferences based on lifestyle choices, such as vegans or vegetarians. We want to emphasize that various options are available in the dining services programs for those who choose to eliminate certain foods from their diet.

Requesting dining accommodations is a crucial process that ensures your dietary needs are met. To initiate this process, the student must:

- Complete Form 1
- Ensure that your medical provider, who must be an appropriate medical professional unrelated to you, completes Form 2. This form is a vital part of the process and must be submitted along with Form 1.
- Register with the Accessibility Services and engage in a collaborative effort with the Accommodations Coordinator and Dining Services. Together, we will arrange appropriate dietary accommodations based on the recommendation of your medical provider.
- Submit all documentation to Accessibility Services, located in Preus Library, Suite 108. Forms may be faxed to 563.387.1411 or emailed to the Disability Services team at accessibilityservices@luther.edu.

Representatives from Disability Services and Dining Services will consider all requests. You will be emailed with instructions on how to proceed with your accommodated meal program. Additional steps may be needed. Please refer to the disability services site regarding Dining Accommodations.

FORM 1 (To be completed by the student):
Provider Verification for Students Requesting Dietary Accommodations for Medical Reasons

Student Name: _____ Student ID: _____

Form II must be completed by your medical provider who is qualified to diagnose and treat your disability. Luther College Accessibility Services reserves the right to request additional documentation or contact your provider for additional information. If this form is completed by anyone other than a qualified licensed professional, the information will not be used to support your accommodation request. Inaccurate and incomplete documentation may hinder the College's ability to accommodate you based on its policies and procedures.

Please sign the box below to authorize your medical provider to release information to Accessibility Services.

I, _____, authorize my medical provider to release to Luther College
Printed Student Name

Accessibility Services the medical information requested on this form for the purpose of determining appropriate accommodations for my disability while a student at Luther College.

Patient Signature: _____ *Date: _____
Student Signature

***This authorization and consent will expire one year from the date of authorization.**

Release of Information and Statement of Understanding

Please review the following and provide your initials on the lines below:

_____ I have read and understand the Luther College procedures for requesting dining accommodations. I understand additional steps are needed to determine reasonable accommodations related to my medical condition that inhibits my dietary needs and/or a disability that warrants additional housing accommodations to be considered.

_____ My signature indicates that all information I provide and submit is true and accurate. I acknowledge that providing false information will result in denying my request. Providing fraudulent documentation violates the Student Code of Conduct and may result in disciplinary action.

By my signature below, I give my consent to Accessibility Services to contact my medical provider if additional information is needed. Any such discussion will focus on the disability disclosed on this form only.

Student Signature _____ Date _____

Student ID# _____

FORM 2 - MEDICAL REQUEST FOR DIETARY ACCOMMODATIONS

Student's treating physician completes this section. All items are required. Please print legibly.

Your patient, the student named below, is seeking dining accommodation due to a medical condition or is seeking a specific housing accommodation related to dietary restrictions or needs based on a disability that warrants such a request. Students seeking these accommodations must have a diagnosis that makes these dietary modifications medically necessary. No accommodations will be made regarding food preferences.

Student Name (Printed): _____

Are you the student's primary care provider? Yes ☐ No ☐
How long has the student been under your care?
Have you examined the student for the disability relating to their request for a reasonable accommodation? Yes ☐ No ☐
If *yes*, please provide date(s) of examination:
Does the student have a documented disability as determined by ADA? ☐ Yes ☐ No
If *yes*, what is the specific disability?
If not, what is the specific medical diagnosis that warrants dietary restrictions?
A student with a disability is entitled to reasonable accommodations only when needed because of barriers from a disability as defined by the ADA compared to the general population of college students. The following questions may help determine whether the requested accommodation is needed because of the disability.
Does the impairment substantially limit a major life activity as compared to most college students? Yes ☐ No ☐
State a minimum of one major life activity of the student that limits their ability to function due to the student's diagnosed disability compared to the general population of college students.
What function(s) of collegiate life is the student having trouble performing or accessing because of their diagnosed disability compared to the general population of college students?

How does the condition manifest?
What aggravates the condition?
What makes the condition better?

For Allergies:

Patient is allergic to: (Please check all that apply)

☐Dairy ☐ Egg ☐ Fish

☐ Peanuts ☐ Shellfish ☐ Soy

☐ Tree Nuts ☐ Wheat/Gluten

Other (please specify) _____

If there is another medical condition that requires dietary accommodations, please specify here:

Please provide a list of food items that must be omitted from your patient's diet and a list of safe and appropriate substitutions:

OMMITED FOOD	SUBSTITUTION (if applicable)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Recommendations for Dining Services and Accessibility Services to consider: (Please note these considerations will be reviewed as part of the interactive process).

What additional support(s) is the student receiving to help overcome the barriers due to the dietary needs?

Please provide any other comments that may be helpful for Accessibility Services to determine if the student is eligible for the specific recommendations:

I certify that the above-named patient (who is a student at Luther College) needs special dietary accommodations as described above due to a diagnosed food allergy, medical condition, or disability that would warrant specific housing accommodations. My signature verifies that I am currently treating this patient, and that the above information is true and accurate.

*Medical Provider Signature:	*Date:
*Medical Provider Name: (please print)	*Office Telephone Number:
*License #:	*Facility Name or Private Practice:
*Address: (Include Street name, City, State, & Zip Code)	

Thank you for taking time to complete this information. Please return this form (and any additional information or attachments) directly to Disability Services via fax at 563-387-1411 or mail to Accessibility Services at the address below.

Dr. Ann Smith, Assistant Dean & Director of Disability Services, Ms. Sharlene Bohr, Accommodations Coordinator; Luther College | Preus Library 108, 700 College Drive, Decorah, IA 52101. Email: accessibilityservices@luther.edu Phone Number: 563-387-1270.