

Letter to Parent/Guardian Explaining Requirements for School Meal Modification Requests

USD#261 Haysville Food Service Department
132 Stewart Door #15 Haysville, KS 67060 316-554-2219

Date: _____

Dear Parent/Guardian:

Your student's school will make meal modifications prescribed by a licensed medical authority that is authorized by Kansas state law to write medical prescriptions (MD, DO, PA, or APRN) to accommodate a disability. A prototype *Medical Statement to Request School Meal Modification* is attached to this letter and can be used to request a meal modification.

To ensure the requested meal modifications can be made on the first day of school, return the completed medical statement by August 01, 2018 to June 30, 2019 at USD#261 Haysville Food Service Department 132 Stewart Door #15 Haysville, KS 67060 .

IMPORTANT: For a student who does not have a disability, a request for meal modifications can be made and the school MAY choose to make substitutions. Any modification of this kind must meet the reimbursable meal pattern.

If you have questions or need assistance, please call Gina Lee, Director at (316)554-2219.

Sincerely,



Gina Lee
Food Service Director

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- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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