

## Meal Plan Accommodation – Student Form

Please read carefully!

All students who live in residence at Concordia University, Nebraska are required to participate in the meal plan associated with the building in which they reside. A major aspect of living at a residential college is dining with other students and developing a sense of community that arises in this setting.

Occasionally students have special needs based on documented disabilities or serious health conditions, such as those resulting in certain dietary restrictions, which may necessitate accommodations to the meal plan. Meal plan accommodations are determined on a case-by-case basis according to documented need, and applicable standards for reasonable accommodations.

The dining service at Concordia offers many options and makes every effort to accommodate different dietary needs. This includes student-specific meal preparation for allergies, and a wide variety of healthy eating choices.

**\* Students must arrange to meet with the Dining Service director first to discuss all of the dining options.** For the meeting, please bring a detailed list of your dietary requirements, including foods you can eat and those you must avoid. Actively working with Dining Services is important, not just a one-time call or meeting. In most cases Dining Services will be able to accommodate students' dietary needs.

**Exemptions from the meal plan are rare.** They are made solely on documented health conditions that require special diets that cannot be accommodated by the university's dining hall. If you are requesting a meal plan exemption, the exemption form and documentation must be submitted at least two weeks prior to the first day of the term for which you are applying for an exemption. Requests submitted after that day will be considered for future terms. Students must also demonstrate that they have met and worked with Dining Services first, and Dining Services must also verify that they were not able to meet the specific dietary needs.

Exemptions for reasons such as vegetarian or vegan diet, work or class schedule, access to a kitchen, or personal preferences are not considered.

If an exemption is granted, the Student Life Office will be notified and your account may be adjusted. You may be billed for the time during the semester that you were still on a meal plan.

Students requesting meal plan accommodations must complete the **Meal Plan Accommodation Request: Student Form**. In addition, your physician must complete a **Meal Plan Accommodation Request: Physician Form**, which will serve as documentation from an appropriately licensed professional concerning the presence of a diagnosed disability, and information on its medical and/or practical relevance to the requested accommodation (i.e. relative impact, severity of symptoms, degree of impairment, etc.) may be required to satisfy the review criteria.

**Please note:** Prescription notes or medical excuses are **not** sufficient documentation. In addition, written verification from a physician of medical conditions that preclude eating in the dining hall is required, *but does not guarantee exemption*.

**Students should complete this portion of the form.  
Provide as much detailed information as possible.**

1. What is your documented disability or medically diagnosed condition?
2. When were you first diagnosed, and how long has this been going on?
3. Please provide an explanation, with examples, of how the above condition impacts your ability to participate in a meal plan.
4. What adjustments or modifications to the meal plan are needed to accommodate your diagnosed medical condition, or disability?

Please check any modifications to the meal plan you believe are necessary to accommodate your disability/medical condition:

- |  |   |
|--|---|
| <input type="checkbox"/> Gluten Free   | <input type="checkbox"/> Diet for Gastrointestinal Diseases |
| <input type="checkbox"/> Dairy Free    | (e.g. Crohn's)  |
| <input type="checkbox"/> Vegetarian    | <input type="checkbox"/> Low Glycemic Diet                  |
| <input type="checkbox"/> Vegan         | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Diabetic Diet |   |

5. What specific steps have you taken to work directly with Dining Services Director and staff to meet your dietary needs? Please include dates of contacts and meetings, results of these meetings, any paperwork provided them, etc.
6. What specific accommodations are you requesting? Please describe in detail.

\*I authorize Concordia University, Nebraska to receive information from the provider listed below. I also authorize my provider to discuss my condition(s) with the appropriate personnel to make a proper determination of necessary accommodations. My signature also indicates that the statements and documentation have been provided by me.

This also acts as a release of content form for all parties who may be involved in determining accommodations.

**I understand that providing false information is in violation of the Concordia University, Nebraska Student Code of Conduct and subjects me to any applicable sanctions.**

Provider Name: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Student name (printed) \_\_\_\_\_

DOB: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to:

Disability Support Services  
Concordia University  
800 N. Columbia Ave.  
Seward, NE 68434  
Fax: 402-643-4218  
ada@cune.edu