OFFICE FOR FOOD AND NUTRITION PROGRAMS
Fueling the Commonwealth

MASSACHUSETTS Department of Elementary and Secondary Education

Meal Modification Request Form

Child/Participant Name	**School/Organization**	
What Food(s) Should be Avoided:	**Recommended Substitutions:**	
Brief Explanation of How Exposure to the Food(s) and/or Disability Affects the Participant:		
Are There Any Other Modifications to the Meal Needed (including texture modifications)?		
Infants (0-12 months): What formula is medically required for infant in lieu of standard Iron Fortified Infant Formula? (Please provide name/brand)		
Signature of Parent/Guardian	**Printed Name**	**Date**
Signature of Medical Authority	**Printed Name**	**Date**

This is form contains the information required to process a meal modification request. Any document signed by a authorized medical authority in Massachusetts stating: What foods to avoid, recommended substitutions and a brief explanation of how exposure to the food effects the person can be used in place of this specific form.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.