Procedure for Requesting a Meal Plan Accommodation

Southern New Hampshire University (SNHU) recognizes students have special dietary needs related to medical conditions. This procedure was set up to ensure all requests are appropriately considered.

In order to accurately and equitably evaluate meal plan accommodation requests based on medical or disability related conditions, documentation is required to establish the existence of the condition that necessitates accommodations. Documentation consists of a written evaluation by an appropriate professional (not a relative of the student) explaining the nature of the condition, the functional limitations caused by the condition and why the condition results in a request for a meal plan accommodations.

As relevant to the condition, documentation should include:

- A diagnostic statement of the condition, including the date and a summary of the most recent evaluation, including expected duration
- The current impact of (or functional limitation imposed by) the condition on the student as it relates to the request for meal plan accommodation
- An explanation of how the condition relates to the request for meal plan accommodations
- Possible alternatives if the requested accommodations are not available
- Evidence the provider is currently treating the student for the condition for which the accommodation is requested

The submitted request and supporting documentation will be reviewed carefully on a case-by-case basis. A follow-up conversation with the treating professional may be necessary in some instances.

The student will be notified of the decision in writing.
Meal Plan Accommodation Request- Student Form

Please refer to the Procedure for Documentation for a Meal Plan Accommodation Request for the complete process of requesting an accommodation due to a medical condition or disability. Students must follow these procedures and provide all of the required information in order to be considered for meal plan accommodations.

**TO BE COMPLETED BY STUDENT**

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<tr>
<th>Student Name</th>
<th>SNHU Student ID#:</th>
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| SNHU email address: | Cell Phone: |

Current Academic Status:
- ___ Incoming First Year
- ___ Transfer
- ___ Upperclassman

This request is:
- ___ A first time request
- ___ A renewal of a previously granted request with no changes
- ___ A renewal of a previously granted request with changes or additions
- ___ A second request for a previously denied request

The required supporting documentation form (as described by the Procedure for Documentation for a Meal Plan Accommodation Request):
- ___ Is attached by email
- ___ Is being faxed to The Office of Disability Services 603-644-3132
- ___ Is being mailed to The Office of Disability Services at:
  Southern New Hampshire University
  2500 North River Road
  Manchester, NH 03106-1045

*Updated supporting documentation is required for any request for additions or changes to current meal plan accommodations, and may also be required under other circumstances.*

Office of Disability Service use only:

**DINING SERVICES HAS BEEN NOTIFIED OF THIS REQUEST**

**DATE___________**

*PLEASE COMPLETE REVERSE SIDE*

Office of Disability Services, Southern New Hampshire University
2500 North River Road, Manchester, New Hampshire 03106-1045
Fax: 603-644-3132 or Phone: 603-644-3118

06/2016
Describe your condition or disability necessitating a meal plan accommodation:

__________________________________________________________________________________________________
___________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Describe your requested accommodations (this should include details of what you need in a meal plan):

_____________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please explain how each requested accommodation relates to the specified disability:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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Meal Plan Accommodations for Students with Disabilities:
If the meal plan accommodation is based on a disability as set forth by the Americans with Disabilities Act (ADA) and/or Section 504 of the 1973 Rehabilitation Act, students must be registered with The Office of Disability Services. Please contact Stephanie Miller at (603) 644-3118 or s.miller@snhu.edu to discuss this process.

Please sign below, indicating that you have read SNHU’s Procedure for Documentation for a Meal Plan Accommodation Request.

__________________________________________  ______________________________
Student Signature  Date
Meal Plan Accommodation Request - Provider Form

**To Be Completed By Student**

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__________________________ has requested a Meal Plan Accommodation for a medical or disability related condition. In order to accurately and equitably evaluate this request, Southern New Hampshire University requires documentation from an appropriate professional (not a relative of the student). This documentation must explain the nature of the condition, the functional limitations caused by the condition and why the condition results in a request for a meal plan accommodation. Please complete the form below.

The student has requested the following accommodations as they relate to Dining Services at SNHU:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

**To Be Completed By Treating Licensed Physician**

All questions must be completed prior to review. ****PLEASE PRINT CLEARLY****

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1. What is the student’s diagnosis? ____________________________________________

2. Date of initial diagnosis: _______________ Last Evaluation: _______________

3. How long has the student been under your care for this diagnosis? _______________

4. Is the student currently receiving treatment for this diagnosis? Yes ☐ No ☐ ☐
5. If documentation has not already been submitted, please provide most recent evaluation or summarize the most recent evaluation:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

6. Describe the expected duration, stability, or progression of the condition.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

7. Describe the current impact of (or limitation imposed by) the condition as it relates to the student’s need for a meal plan accommodations.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
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8. What are the possible alternatives, should the requested accommodation not be available?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Provider Signature

____________________________________________ _______________________

Date

Office of Disability Services use only:

☐ Dining Services has been notified of this request Date _____________