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404.990.3844  
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[www.GenesisInnovationAcademy.org](http://www.GenesisInnovationAcademy.org)

Dear Parent/Guardian,

It is the goal of the Genesis Innovation Academy School Nutrition Program to ensure that our scholars receive safe and most appropriate nutrition daily.

If you believe your scholar qualifies for a special diet, the attached form must be completed and returned to Genesis Innovation Academy School Nutrition Program (efagin@giacademy.org; Fax: 404-990-3844). Special diet requests will be reviewed and created in the order they are received. If your scholar is eligible for a special diet based on this information, we will contact you to establish a plan that meets your scholar's needs.

The guidelines for receiving a special diet are as follows:

- Scholars with disabilities whose licensed physician/physician assistant/nurse practitioner certifies the scholars require specialized diets or meals because of their disability.
- Form must be filled out by a licensed physician/physician assistant/nurse practitioner.
- Form must be filled out completely. If it is not, there may be a delay in creating and implementing a special diet for your scholar.
  - Please be sure to include a valid phone number and email address on the form.
- Once your scholar's special diet menu has been created, a member from our team will email you a copy of the menu for your approval. Once approval has been received, a member from our team will train the café manager and staff on your scholar's specific dietary requirements and confirm a start date.

For SY 23/24, the form must be filled out AFTER MAY 1, 2023. New forms are required each school year. Please review the instructions below to ensure that these forms are received correctly so that we may create a special diet as soon as possible for your scholar.

If you have questions, please contact us via email at [efagin@giacademy.org](mailto:efagin@giacademy.org) or call 404-990-3844.

Thank you,  
Ebonie Fagin  
School Nutrition Program  
Genesis Innovation Academy

**STATEMENT TO REQUEST ACCOMMODATIONS FOR SPECIAL DIETARY NEEDS  
IN THE SCHOOL MEAL PROGRAMS**

Please read guidance and instructions on page 2 before completing this form.

<b>Part 1: To be completed by Parent/Guardian</b>			
Child's Name	Age of Child	School Name	Grade/Classroom
Parent/Guardian Name (Please Print)	Phone Number	Email Address	
Parent's Signature			Date
<b>Part 2: Disabilities – Complete all sections applicable.</b>			
Please provide a description of the child's physical or mental impairment and how it restricts the child's diet.			
Please explain how to accommodate the disability.			
List any dietary restrictions or special diet instructions for school meals.			
List food(s) to be omitted from diet: _____ _____ _____ _____		List food(s) to be substituted: _____ _____ _____ _____	
Designate texture modifications needed for all foods: <input type="checkbox"/> Pureed <input type="checkbox"/> Diced/finely ground <input type="checkbox"/> Chopped/cut into bite-sized pieces		Designate consistency for liquids: <input type="checkbox"/> Pudding thick <input type="checkbox"/> Nectar thick <input type="checkbox"/> Honey thick <input type="checkbox"/> Thin/normal consistency	
List any special equipment or utensils needed:			
Additional comments about the child's eating or feeding patterns:			
<b>Signature Below (See Guidance and Instructions on page 2). Required for accommodations outside the meal pattern.</b>			
Signature of State Licensed Healthcare Professional			Date
State Licensed Healthcare Professional's Name, Title & Phone Number (Please Print)			Date

## GUIDANCE AND INSTRUCTIONS TO REQUEST ACCOMMODATIONS FOR SPECIAL DIETARY NEEDS IN THE SCHOOL MEAL PROGRAMS

The medical statement on page 1 must be completed and submitted to **Genesis Innovation Academy** before any meal substitutions can be made. If changes are needed, the parent/guardian is required to submit a new form.

### **Guidance**

#### **Disability**

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. According to the ADAAA, most physical and mental impairments constitute a disability.

Major life activities include, but are not limited to, caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentration, thinking, communicating, and working. Major life activities also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

U.S. Department of Agriculture (USDA) regulations require reasonable modifications to school meals to accommodate children with disabilities when the disability restricts the child’s diet. Modifications will be determined on a case-by-case basis.

Accommodations for special dietary requests that can be made within the Program meal pattern requirements do not require a medical statement. The School Food Authority may require a medical statement signed by a State licensed healthcare professional be submitted to accommodate the request.

**State Licensed Healthcare Professional** is a professional who is authorized to write medical prescriptions under State law, and may include a physician, nurse practitioner, or a physician’s assistant. Please refer to the Medical Association of Georgia, **Georgia Prescribers Chart**: <http://www.mag.org/sites/default/files/downloads/georgia-prescribers-chart.pdf>.

### **Instructions**

**Part 1:** To be completed by the parent/guardian for all special dietary requests.

**Part 2:** Please provide sufficient detail for the school food service to make appropriate accommodations. This section must be completed and signed by a State licensed healthcare professional when the modified meal does not meet the Program meal pattern requirements. The district Section 504 Coordinator, School Food Service Professional and/or other team member will work with you to manage the process of meal modifications.

**Signature:** Signature from a State licensed healthcare professional is required when the reasonable modification does not meet the Program meal pattern requirements.

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.