

MEAL PLAN ACCOMMODATION VERIFICATION FORM

Kenyon College is committed to supporting students with disabilities with reasonable meal plan accommodations to provide equal access to the College's dining plan and facility. The [Meal Plan Accommodation Policy](#) applies to all students and explains the specific steps necessary to request a meal plan accommodation at Kenyon College.

The American with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The three factors influencing a determination of substantial limitation are 1) the nature and severity of the impairment, 2) the duration or expected duration of the impairment, and 3) whether the impairment is characterized as permanent or long-term.

Students **must** complete and submit a [Meal Plan Accommodation Request Form](#) to the SASS Office. When the disability and/or need for accommodation is not obvious, students may also be asked to have a treating healthcare provider complete and submit a Meal Plan Accommodation Verification Form to the SASS Office. This form provides the SASS Office with reliable documentation that the student has a disability. Documentation must also show that the requested accommodation is necessary to provide them with equal access to the College's meal plan and/or facility; in addition, there must be an identifiable relationship, or nexus, between the requested accommodation and their disability. The treating health care provider completing the form must specialize in a field consistent with the diagnosis, as well as be familiar with the student's disability and the necessity for the requested accommodation. To avoid any conflict of interest, documentation must be provided by a non-family healthcare provider.

Please see the [Meal Plan Accommodation Policy](#) for additional information.

STUDENT NAME: _____ Date: _____

STUDENT DATE OF BIRTH: _____ Date of most recent visit: _____

PRINT NAME OF PROVIDER: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL: _____

PLEASE SUBMIT ANSWERS TO THE FOLLOWING QUESTIONS:

1. Based upon the definition above, does this student have a disability? Yes No
 2. If yes, please state the medical diagnosis: _____
 3. Is this condition permanent? Yes No
 4. Does the student require ongoing treatment? Yes No
 5. Please state the date of diagnosis: _____
 6. Was this diagnosis made by you? Yes No
 7. If the diagnosis was not made by you, by whom was it made? _____
 8. How long have you known this student and in what capacity? _____
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In addition please answer the allergen specific questions below:

1) Specify level of sensitivity for all food allergies. Specify each allergen, and mark all that apply. Please explain.

- life threatening/anaphylaxis (Student carries an epi-pen)
 - due to airborne contact
 - due to cross-contamination
 - due to ingesting food, only
 - other (please specify)
- high sensitivity, no anaphylaxis
 - due to airborne contact
 - due to cross-contamination
 - due to ingesting food, only
 - other (please specify)

2) If applicable and not already provided above, please provide a list of foods that must be avoided (categories) and/or foods that are acceptable (categories).

3) Describe the requested meal plan accommodation. Please explain how the requested accommodation is necessary to allow equal access to the College's meal plan and facility. In addition, mark all that apply.

- gluten-free menu options
- dairy and lactose-free menu options

- vegan menu options
- specialized diets for gastrointestinal diseases (e.g. Crohn's, Celiacs, Colitis, IBS, etc.)
- menu-planning consultation with Dining Services staff
- other (please describe any modification(s) you believe are necessary; specify other food allergies, sensitivities and/or conditions)
- exemption from meal plan

If recommending a meal plan exemption please describe the severity and frequency of symptoms and how the condition impacts the student's ability to participate in the College's meal plan and/or eat in the College's dining facility.

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

Please sign and date this questionnaire (below) and return it to Sass@kenyon.edu.

Professional signature _____ Date: _____
 Type of License _____ License #: _____

STUDENT (please sign this form before providing it to your treating health provider to complete):

By signing below, I consent to allowing my health care provider to share any information relevant to my request for an ESA as an accommodation in the residence hall, as shown on this form, with the Director of SASS at Kenyon College for the next 60 days,

Signature: _____ Date: _____

Please return this completed document to:
Erin Salva, Director of SASS
sass@kenyon.edu
Kenyon College
Gambier, OH 43022
Telephone: (740) 427-5453 Fax: (740) 427-5446
salvae@kenyon.edu

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