

Dining Accommodation Request Form Part 1

Instructions: Complete and sign the form below. I understand that it is my responsibility to contact my medical care provider and to request that documentation be forwarded to Disability Support Services and shared with the Vendor Dietitian.

Student Information

Name: _____

Class Year: _____

University ID Number: _____

Telephone Number: _____

Email Address: _____

Current Meal Plan: _____

Please explain the reasons for your dining accommodations request.

Please indicate the specific accommodations that you are requesting.

Authorization for Release of Confidential Information:

I hereby give my permission for the release of my dining accommodations request form, which verifies the existence of special dietary needs such as a food allergy or intolerance, to CUA Dining Services and appropriate personnel from the Student Health Services and/or Disability Support Services.

Student Signature

Date

Thank you for your submission. Your form will be reviewed and you will be contacted to discuss your request further. For additional information or questions, please contact the Registered Dietitian at cua-dss@cua.edu.

Dining Accommodation Request Form Part 2

DIRECTIONS FOR THE MEDICAL CARE PROVIDER

The information provided should be in enough detail to allow the Dining Services Dietitian, Student Health Services and/or Disability Support Services (when relevant) at The Catholic University of America to evaluate the student's request. Clear, specific information about the student's medical condition and the reasons why this medical condition necessitates dining accommodations is necessary to evaluate the student's request.

Please note: The medical care provider must be an impartial individual who is not a family member.

On letterhead stationery, please type responses to the following questions:

- 1) What is your specialty?
- 2) What is the student's current diagnosis, which is the basis for this request, and documented prognosis?
- 3) How long have you treated the student for this condition?
- 4) What is the student's current treatment, medication, and/or other mitigating measures used or recommended by the provider as they relate to the disability and dining needs. Notation of medications, potential impact and side effects
- 5) What specific dietary requirements are needed to treat or manage the patient's condition?
- 6) A complete description of the desired accommodation or modification and discussion of why this is necessary (including why the student's needs cannot be met without this accommodation or modification and the consequences of not receiving it)
- 7) Is the request an integral component of a treatment plan for the condition in question?
- 8) Is there a negative health impact if the request is not met?

This letter must be returned to the Dining Services Registered Dietitian.

Please return to:

CUA Dining Dietitian
The Catholic University of America
Pryzbyla University Center
620 Michigan Avenue, NE
Washington, DC 20064
Or Email: *(cua-dss@cua.edu)*