

**LIVINGSTON PARISH PUBLIC SCHOOLS  
SCHOOL FOOD SERVICE SECTION  
SY 2017-2018**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade/Classroom \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
(Street or P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does the student have a disability that requires a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, describe the major life activities affected by the disability.  
(See back of form for further information.)

\_\_\_\_\_  
If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

Diet Prescription (Check all that apply):

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Diabetic     | <input type="checkbox"/> Increased Calorie _____ #kcal         |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Reduced Calorie _____ #kcal           |
| <input type="checkbox"/> Hypoglycemic | <input type="checkbox"/> Texture Modification (Must check one) |
| <input type="checkbox"/> PKU          | Chopped _____ Ground _____                                     |
| <input type="checkbox"/> Other _____  | Pureed _____ Liquified _____                                   |
|                                       | <input type="checkbox"/> Tube Feeding                          |
|                                       | Liquified Meal _____ Formula _____                             |

**Foods Omitted and Substitutions**

**Please check food groups to be omitted and substitutions. Identify specific foods to omit on the attached sample menu.**

- |                     |   |  |
|---------------------|---|--|
| Food Groups to Omit | <input type="checkbox"/> Meat and Meat Alternatives | <input type="checkbox"/> Fluid Milk          |
|                     | <input type="checkbox"/> Bread and Cereal Products  | <input type="checkbox"/> Milk/Dairy Products |
|                     | <input type="checkbox"/> Fruits and Vegetables      |  |

**\*\* INDICATE FOOD ITEMS TO BE OMITTED ON THE ATTACHED LIST \*\***

I certify that the above-named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Office Address \_\_\_\_\_ Office Telephone # ( ) \_\_\_\_\_

\_\_\_\_\_  
¹Licensed Physician/Recognized Medical Authority Signature  
¹Signature of Licensed Physician required if the student is disabled.

\_\_\_\_\_  
Date

## Definition of Disability

### Definitions

As used in this part, the term or phrase:

**(l) *Student with disabilities*** means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

**(j) *Physical or mental impairment*** means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

**(k) *Major life activities*** means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

**Non-Discrimination Statement:** The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

EGGS								
Description	Milk	Egg	P-Nut	T-Nut	Fish	S-Fish	Soy	Wheat
EGGSTRAVAGANZA	YES	YES	-	-	-	-	-	-
EGG, CHEESE OMELET	YES	YES	-	-	-	-	-	-
EGG, PATTIE	YES	YES	-	-	-	-	YES	-
EGG, SCRAMBLED		YES	-	-	-	-	-	-
EGG, SKILLET FRITTATA	YES	YES	-	-	-	-	YES	-

GRAINS								
Description	Milk	Egg	P-Nut	T-Nut	Fish	S-Fish	Soy	Wheat
BAR, BeneFIT	YES	YES	-	-	-	-	YES	YES
BAR, GRANOLA RICE KRISPIE	YES	-	-	-	-	-	YES	-
BISCUIT	YES	-	-	-	-	-	YES	YES
BISCUIT, READY TO BAKE	YES	-	-	-	-	-	-	YES
BREAD, SLICED, WG	-	-	-	-	-	-	-	YES
BREADSTICK	-	-	-	-	-	-	-	YES
BROWNIE	YES	YES	-	-	-	-	-	YES
BUN, HAMBURGER			-	-	-	-	YES	YES
BUN, HOT DOG	-	-	-	-	-	-	-	YES
CEREAL BAR, GM CEREALS	-	-	-	-	-	-	-	YES
CEREAL BAR, NUTRI GRAIN	-	-	-	-	-	-	YES	YES
CEREAL, FROSTED FLAKES	-	-	-	-	-	-	YES	YES
CEREAL, HONEY GRAHAMS	-	-	-	-	-	-	-	YES
CEREAL, HONEY SCOOTERS	-	-	-	-	-	-	-	YES
CEREAL, MARSHMALLOW	-	-	-	-	-	-	YES	YES
CHIPS, TORTILLA	-	-	-	-	-	-	-	-
CINI MINIS	YES	-	-	-	-	-	-	YES
CINNAMON SWIRL	YES	-	-	-	-	-	YES	YES
COBBLER, PEACH	-	YES	-	-	-	-	-	YES
CORNBREAD DRESSING	YES	YES	-	-	-	-	-	YES
CORNBREAD	YES	YES	-	-	-	-	-	YES
CRACKERS	-	-	-	-	-	-	-	YES
DONUTS, GLAZED & PWRD**	YES	YES	-	YES	-	-	YES	YES
FLATBREAD	YES	-	-	-	-	-	-	YES
FRENCH TOAST STICKS	-	YES	-	-	-	-	YES	-
FRENCH TOAST MINI	YES	YES	-	-	-	-	YES	YES
GRANOLA**	-	-	-	YES	-	-	-	YES
GRITS	-	-	-	-	-	-	-	-
PANCAKES	YES	YES	-	-	-	-	YES	YES
PANCAKE ON A STICK	YES	YES	-	-	-	-	YES	YES
PASTA, ALL VARIETIES	-	-	-	-	-	-	-	YES
POP TART, FROSTED	-	-	-	-	-	-	YES	YES
RICE, BROWN, PARBOILED	-	-	-	-	-	-	-	-
ROLL, SUB	-	-	-	-	-	-	-	YES
ROLL, YEAST	-	-	-	-	-	-	-	YES
WAFFLE, DUTCH	YES	YES	-	-	-	-	YES	YES
WAFFLES, BUTTERMILK	YES	YES	-	-	-	-	YES	YES
WW SUGAR COOKIE	YES	YES	-	-	-	-	-	YES

DAIRY								
Description	Milk	Egg	P-Nut	T-Nut	Fish	S-Fish	Soy	Wheat
CHEESE, MOZZARELLA STRING	YES	-	-	-	-	-	-	-
CHEESE, NACHO CHEESE SAUCE	YES	-	-	-	-	-	YES	-
CHEESE, SHREDDED CHEDDAR	YES	-	-	-	-	-	-	-
CHEESE, SLICED, AMERICAN	YES	-	-	-	-	-	-	-
MACARONI & CHEESE	YES	-	-	-	-	-	-	YES
POTATOES, MASHED	YES	-	-	-	-	-	-	-
MILK, FF CHOCOLATE	YES	-	-	-	-	-	-	-
MILK, FF STRAWBERRY	YES	-	-	-	-	-	-	-
MILK, 1% LF WHITE	YES	-	-	-	-	-	-	-
SALAD DRESSING, RANCH	YES	-	-	-	-	-	-	-
SOUR CREAM	YES	-	-	-	-	-	-	-
YOGURT, VANILLA	YES	-	-	-	-	-	-	-
YOGURT, STRAWBERRY	YES	-	-	-	-	-	-	-

MEATS								
Description	Milk	Egg	P-Nut	T-Nut	Fish	S-Fish	Soy	Wheat
BEEF, CHILI	-	-	-	-	-	-	-	-
BEEF, HAMBURGER PATTY	-	-	-	-	-	-	-	-
BEEF, ROAST BEEF	-	-	-	-	-	-	-	-
BEEF, SALISBURY STEAK	-	-	-	-	-	-	-	YES
BEEF, SPAGHETTI SAUCE	-	-	-	-	-	-	-	-
BEEF, TACO MEAT	-	-	-	-	-	-	-	-
CHICKEN, BREAST	-	-	-	-	-	-	-	-
CHICKEN, GUMBO	-	-	-	-	-	-	-	YES
CHICKEN, FAJITA	-	-	-	-	-	-	-	YES
CHICKEN, PATTY BREADED	-	YES	-	-	-	-	-	YES
CHICKEN, BREAST	-	-	-	-	-	-	-	-
CHICKEN, FAJITA	-	-	-	-	-	-	-	YES
CHICKEN, NUGGETS	-	-	-	-	-	-	-	YES
CHICKEN, ORANGE	-	YES	-	-	-	-	-	YES
CHICKEN, TENDERS	-	-	-	-	-	-	-	YES
CHICKEN, TERIYAKI	-	-	-	-	-	-	-	YES
CORN DOG	-	YES	-	-	-	-	-	YES
FISH, PORTION	YES	-	-	-	YES	-	-	YES
PIZZA, BREAKFAST	YES	-	-	-	-	-	-	YES
PIZZA, FLATBREAD	YES	-	-	-	-	-	-	YES
PORK, HAM SMOKED	-	-	-	-	-	-	-	-
PORK, BREADED CHOP	-	-	-	-	-	-	-	YES
PORK, CARNITA STYLE*	YES	-	-	-	YES	-	-	YES
PORK, SAUSAGE	-	-	-	-	-	-	-	-
SHRIMP POPPERS	YES	-	-	-	-	YES	YES	YES
TURKEY, FRANK	-	-	-	-	-	-	-	-
TURKEY, ROASTED	-	-	-	-	-	-	-	-
TURKEY, BACON	-	-	-	-	-	-	-	-
TURKEY, CANADIAN BACON	-	-	-	-	-	-	-	-
TURKEY, HAM, DELI SLICED	-	-	-	-	-	-	-	-

VEGETABLES								
BEANS, BAKED								
BEANS, BLACK								
BEANS, GREEN								
BEANS, NAVY								
BEANS, PINTO								
BEANS, RED								
BEANS, REFRIED								
BROCCOLI								
CARROTS								
CORN, WHOLE KERNEL								
CUCUMBERS								
GREENS, MUSTARD								
LETTUCE, ICEBERG								
LETTUCE, ROMAINE								
PEAS, BLACK EYED								
PEAS, SWEET								
PICKLE, DILL								
POTATO, SEASONED FRIES								
POTATO, THIN CUT FRIES								
SALAD, SPINACH								
SALAD, GARDEN								
SPINACH								
SWEET POTATO FRIES								
TOMATOES								
TOMATOES, CHERRY								

FRUITS								
APPLE								
APPLESAUCE								
BANANA								
BLUEBERRIES								
CRANBERRY SAUCE								
FRUIT COCKTAIL								
GRAPES								
JUICE, APPLE								
JUICE, FRUIT PUNCH								
JUICE, GRAPE								
JUICE, ORANGE								
PEACHES								
PEARS								
PINEAPPLES								
RAISINS								
SATSUMAS								
STRAWBERRIES								

\* Purchased Brand Only

\*\* Processed in Plant Only

RICE KRISPIE TREAT	YES	-	-	-	-	-	YES	-
MUNCHIE MIX	YES	-	-	-	-	-	YES	YES

I certify that the above-named student should omit the items marked out on the above list because of the student's disability or chronic medical condition.

Signature of Physician or Approved Medical Authority \_\_\_\_\_

Date \_\_\_\_\_

Signature of Licensed Physician is required if the student is disabled.