Mount Saint Mary College

Office of Disability Services
330 Powell Avenue, Newburgh, New York 12550 • www.msmc.edu
Phone: 845-569-3638 Fax: 845-569-3558

*Director of Disability Services, Alisha McCorvey* *Accommodations Coordinator, Maggie McCarthy*

# Meal Plan Waiver Request

## Instructions and Information

Students who are requesting a meal plan waiver based on a disability or chronic medical condition should follow the steps outlined below. While Mount Saint Mary College seeks to support students in a holistic manner, our ultimate goal is to provide all students with an equal opportunity to benefit from the programs and activities of the College. Some requests may be deemed unreasonable and/or may present an unreasonable administrative or financial burden to the institution. In these cases, College staff will work with students to help identify alternative arrangements. Please direct any questions or need for clarification to the address below.

The attached Meal Plan Waiver Request Form must be completed in full. As indicated on the form, appropriate sections must be completed by a qualified and licensed health care professional. If a care provider prefers to submit a letter on a student's behalf, it must be submitted on letterhead and all questions on the form must be fully addressed.

Please keep in mind that completion of this form does not guarantee that a meal plan waiver will be approved. Students must demonstrate that dietary needs caused by a specific medical or disability condition cannot be met by Dining Services. In most cases students will be asked to meet with Dining Services prior to meeting with us. Lifestyle choices such as an organic or vegetarian diet will not be considered as sufficient to approve a meal plan waiver. Meal plan waivers will not be granted for the sole purpose of restricting caloric intake. All documentation will be maintained as confidential and should be submitted to:

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Upon receipt of an application, the Office of Disability Services will perform an initial review to determine that the Meal Plan Waiver Request Form has been completed in full and that the impact of a student's condition is significant enough to consider reasonable accommodation under the Americans with Disabilities Act as amended and Section 504 of the Rehabilitation Act.

If a meal plan waiver is granted, the student will not be allowed to enter the dining hall without paying full price for a meal.

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## Meal Plan Waiver Request Form

Name: _____ Date: _____ I.D. #: _____

Residence Hall: _____Cell Phone #: _____

Home Address: _____

E-mail address: _____

Student Status: O Freshman O Transfer O Sophomore O Junior O Senior

Reason for a Meal Plan Waiver request: _____
Student's Signature: _____

**Please have your physician/ health care provider complete the following section of this form. Please print clearly and legibly.**

Thank you for taking the time to complete this form to assist the College in making appropriate decisions for your client. Mount Saint Mary College has a mandatory meal plan in which residential students are expected to participate. Our Dining Services has experience successfully addressing a range of dietary restrictions. We have rarely found it necessary to waive participation in our meal plan, which offers opportunities for social interaction in addition to meals. Please do not hesitate to contact us with any questions you may have.

This student is requesting this accommodation as of (date or semester): _____

This request is the result of a permanent and/or recurring condition and will need to be accommodated for the remainder of the time the student resides in campus housing. O Yes O No

Clinical diagnosis: _____ Date of initial Diagnosis: _____

Please explain the impact of the above condition on the student's daily life, in particular with respect to dietary restrictions:

_____

_____

_____

How long has the student been in your care? _____ When was the student's last visit?_____

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In detail, please explain how the student will be impacted if the requested accommodation is denied and why you believe the student cannot be accommodated by the College:

_____

_____

Based on the student's diagnosis, how has s/he adapted eating habits prior to attending Mount Saint Mary College?

_____

_____

Please provide a detailed list of foods that are NOT to be eaten:

_____

_____

_____

Please provide a detailed list of foods that MAY be eaten on a regular basis:

_____

_____

_____

What is the student's plan for meeting his/her nutritional needs without campus food service?

_____

_____

**Name:** _____ **Phone:** _____

**Email:** _____ **Fax:** _____

**License#:** _____ **State of Practice:** _____

**Address:** _____

Street City State Zip Code

**Signature:** _____ **Date:** _____

Staff Use only:

O Approved O Denied

Name: _____ Date: _____