

# REQUEST FOR DIETARY ACCOMMODATION

## Resources for Students

### Documentation Guidelines



#### Resources for Students

Sodexo Dining Services offers a variety of options related to dietary needs. Standard food selections are offered that meet the needs of students seeking allergy accommodated, vegetarian, vegan and gluten free diets (to name just a few). During the academic year, students are encouraged to speak with any of the Sodexo Management Team. They may also refer to the Sodexo Website to identify nutritional content:

Weekly Menus: [smccme.sodexomyway.com](http://smccme.sodexomyway.com)

Sodexo Nutrition Page: [smccme.sodexomyway.com](http://smccme.sodexomyway.com)

At any point in the semester, students can schedule an informal dietary consultation with a member of the Sodexo management team. This consultation may address questions regarding food preparation, discuss standard ingredients used and provide an orientation of what is offered at the various stations.

If students have questions at any time regarding available options, ingredients, or cooking methods, it is important that they ask a member of the management staff.

#### Documentation Guidelines

Students who have dietary needs or food allergies may request reasonable accommodations related to their meal plan. Dining Services will work jointly with the Office of Disability Services, the Office of Residence Life and the student to develop an individualized plan to address accommodation needs. Choices within this plan will be nutritionally comparable to the food choices of other students and to an extent that it is reasonably possible.

**Documentation:** Professional recommendations are accepted from medical doctors as well as dietitians, nutritionists, and allergists who are appropriately licensed. This documentation should describe:

The condition requiring the accommodation

The current impact and severity of the condition

A listing of types of food the student is to avoid with corresponding severity of reaction

A listing of acceptable food options

This information should be forwarded to the Coordinator of Disability Services listed below. The documentation will be reviewed jointly by Disability Services, Residence Life, and Sodexo Dining Services. Upon receipt of all documentation, a follow-up meeting may be scheduled to discuss specific needs and establish a plan. Due to the severity of some allergic reactions, it may be necessary to inform appropriate staff of dietary restrictions.

#### Contact information is listed below:

<p>For questions related to dietary accommodation requests and Disability Services support please contact:</p> <p><b>Sandra Lynham</b> SMCC Disability Services Director 207.741.5923 <a href="mailto:slynam@smccme.edu">slynam@smccme.edu</a></p>	<p>For questions regarding general meal plan options please contact:</p> <p><b>Jan Kittrick</b> Administrator 207.741.5566 <a href="mailto:jannifer.kittrick@sodexo.com">jannifer.kittrick@sodexo.com</a></p>	<p>For general questions related to Sodexo Dining Services please contact one of the following people:</p> <p><b>Ashley Griset</b> General Manager 207.741.5999 <a href="mailto:Ashley.Griset@sodexo.com">Ashley.Griset@sodexo.com</a></p> <p><b>Chelsea Yates</b> Sodexo District Dietitian <a href="mailto:Chelsea.yates@sodexo.com">Chelsea.yates@sodexo.com</a></p>
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# REQUEST FOR DIETARY ACCOMMODATION

## Request Form

To request a dietary accommodation, fill out the information below as completely as possible. Be sure to include documentation from a medical physician or other approved professional.

Submit your request with supporting documentation to the Office of Disability Services. All documentation will reside in the Office of Disability Services.

Your request and supporting documentation will be reviewed by Residence Life, Disability Services, and Sodexo Dining Services. Sodexo Dining staff will be aware of the restriction, not the diagnosis. A follow-up meeting may be scheduled to discuss specific needs and establish a plan.

Written requests should be submitted as early as possible to allow adequate time to make arrangements as appropriate.

Student Name:	Date:
Home Address:	
Phone Number (        )	E-mail Address:
Have you communicated with Disability Services and provided medical documentation (circle)	YES                      NO

### Food Allergies and Medical Conditions (please check all that apply)

#### Food Allergy is:

- Gluten/Wheat       Eggs
- Dairy                       Soy
- Peanuts                       Fish
- Shellfish                       Tree nuts
- Other (please specify): \_\_\_\_\_
- \_\_\_\_\_
- Gluten Intolerance

Other Medical Conditions requiring Dietary Accommodations (please specify): \_\_\_\_\_

\_\_\_\_\_

Do you carry a prescribed epi pen? \_\_\_\_\_

Please be sure to attach supporting documentation.

Please indicate what type of reaction or severity of your allergy/intolerance by circling any of the symptoms illustrated below

### SEVERE SYMPTOMS



#### LUNG

Short of breath, wheezing, repetitive cough



#### HEART

Pale, blue, faint, weak pulse, dizzy



#### THROAT

Tight, hoarse, trouble breathing/swallowing



#### MOUTH

Significant swelling of the tongue and/or lips



#### SKIN

Many hives over body, widespread redness



#### GUT

Repetitive vomiting, severe diarrhea



#### OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

### MILD SYMPTOMS



#### NOSE

Itchy/runny nose, sneezing



#### MOUTH

Itchy mouth



#### SKIN

A few hives, mild itch



#### GUT

Mild nausea/discomfort