

REQUEST FOR A SPECIAL MEAL ACCOMMODATION

NAME OF AGENCY SACRED HEART NATIVITY SCHOOLS	NAME OF SITE	SITE TELEPHONE NUMBER 408-993-1293
CHILD'S NAME		DATE OF BIRTH
NAME OF PARENT/LEGAL GUARDIAN		TELEPHONE NUMBER ()
<p>The above listed child does not have a disability, but the parent or legal guardian is requesting accommodation due to a medical, religious, moral convictions or a special dietary need.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such a statement or until Sacred Heart Nativity Schools discontinues the meal accommodation option. Child care agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests. The child's parent or legal guardian must sign this form.</p>		
PLEASE SELECT REASON FOR MEAL ACCOMMODATION: MEDICAL _____ RELIGIOUS _____ MORAL CONVICTIONS _____ SPECIAL DIETARY NEEDS _____ SUGGESTED SUBSTITUTIONS OR ACCOMMODATIONS : _____ _____		
SIGNATURE OF PARENT/LEGAL GUARDIAN	PRINTED NAME OF PARENT/LEGAL GUARDIAN	DATE

The information on this form should be updated, as needed, to reflect the current medical and/or nutritional needs of the child.

This institution is an equal opportunity provider.

PETICIÓN PARA ADAPTACIONES DE COMIDA ESPECIAL

ESCUELA O AGENCIA SACRED HEART NATIVITY SCHOOLS	NOMBRE DEL LUGAR	TELÉFONO DEL LUGAR 408-993-1293
NOMBRE DEL NIÑO/A O PARTICIPANTE		EDAD O FECHA DE NACIMIENTO
NOMBRE DEL PADRE O TUTOR		TELEFONO ()
<p>El niño/a mencionado anteriormente no tiene una discapacidad, pero el padre o tutor legal solicita una adaptación debido a una convicción médica, religiosa, moral o una necesidad dietética especial.</p> <p>Esta declaración escrita permanecerá vigente hasta que el padre o tutor legal revoque dicha declaración o hasta que las escuelas de Natividad descontinúan la opción de acomodación de comida. Las agencias de cuidado infantil que participan en programas federales de nutrición, se les sugiere pero no se les exige, que se adapten a solicitudes razonables. <i>El padre o tutor legal del niño debe firmar este formulario.</i></p>		
POR FAVOR, INDIQUE EL MOTIVO DE SU PETICIÓN: MÉDICO _____ RELIGIOSO _____ CONVICCIONES MORALES _____ NECESIDADES DIETÉTICAS ESPECIALES _____ SUSTITUCIONES O AJUSTES SUGERIDOS: _____ _____		
NOMBRE DEL PADRE O TUTOR	NOMBRE CON LETRA DE MOLDE	FECHA

La información en este formulario debe actualizarse, según sea necesario, para reflejar las necesidades médicas / o nutricionales actuales del niño/a.

Esta institución es un proveedor de igualdad de oportunidades.

U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: program.intake@usda.gov

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Note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability.