

# Liberty University

## Office of Disability Accommodation Support (ODAS)

### Meal Plan Accommodation Policy

Liberty University (“University”) generally requires all students living on campus to purchase a University Meal Plan in connection with financial check in. Exemptions from the University’s standard Meal Plan Policy are permitted only under special circumstances requiring a reasonable accommodation. The University will make reasonable accommodations regarding meal plans for individuals with a disability through application to the Office of Disability Accommodation Support (“ODAS”). In the event that a student has special circumstances requiring a reduction or exemption from the University’s Meal Plan, the student must abide by the following procedure and use the attached forms:

#### Procedure for Accommodation Requests.

1. Review this information and gather the necessary documentation.
2. Provide a Personal Statement explaining why a Meal Plan reduction or exemption is needed in your case. Please include:
  - a. Your name, residence hall building and room number.
  - b. The type of accommodation you are requesting (i.e. a specially prepared dietary Meal Plan through Dining Services or a full exemption from Dining Services food).
  - c. The reason for your request (i.e. the type of food allergy qualifying as a disability).
  - d. If your request is for a full exemption, please explain why Dining Services cannot accommodate your needs through a Meal Plan reduction or special dietary accommodation arranged by the University’s dietitian and specially prepared by the chefs.
  - e. The resources, if any, you have used on campus to help with your current situation.
  - f. How having a reduced meal plan or exemption will help your situation.
  - g. How meals will be provided if your preferred accommodation involves eating meals at a campus location(s) other than the dining hall.
3. Fill out the Authorization to Release Medical Documentation and submit it to your health care provider with instructions to forward supporting documentation to the University along with any additional information (i.e. letter, note of explanation) that would be helpful for consideration of the accommodation request (see Dietary Restriction Specifications section below).
4. Fill out the Responsibilities of Students with Dietary Needs Form.
5. Submit your completed Application Materials (Personal Statement, copy of Authorization to Release Medical Documentation and Responsibilities of Students with Dietary Needs Form) to the Office of Disability Accommodation Support (ODAS) via email to: **accessibility@liberty.edu**. The deadline for submitting your Application Materials is **30 days before Dining Halls open**.

submission will delay consideration of your Application Materials as it will be returned to you without being reviewed. Completed Application Materials must be submitted prior to the deadline. Late requests for reasonable accommodation will be considered on an individualized basis, but the University cannot guarantee that an accommodation can be made in such cases.

6. After you submit your Application Materials, you may be contacted via phone or your student email account to schedule an appointment with a University representative. During this meeting, the representative will assist in determining if the Dining Program can, or cannot, accommodate your needs by engaging you in a discussion. The representative will provide the University the necessary supporting documentation that is required to be considered along with your Application Materials.
7. Following your meeting and a review of all materials submitted, a decision will be made by the Exemption Committee whether Dining Services can, or cannot, accommodate your needs.
8. Notifications of the decision will be sent to your University-issued email account.
9. Any student dissatisfied by a decision concerning a Meal Plan accommodation request may appeal through the Office of Disability Accommodation Support Grievance Process:  
[www.Liberty.edu/ODAS](http://www.Liberty.edu/ODAS) > Disability Grievance Policy and Procedures

#### **Keep in mind:**

1. **No Refunds.** Refunds for previous semesters will not be provided. The Application Materials submitted are for the current or next academic year.
2. **Annual Submission.** The Application Materials must be resubmitted annually, and in some cases (i.e., evolving medical condition), may need to be revisited per semester.
3. **Individualized Assessment.** A physician's note does not mean automatic exemption from the Meal Plan. It will be taken into account along with the rest of the Application Materials. The University will conduct an individualized assessment for each application.
4. **Documentation.** Additional documentation may be requested.

#### **Dietary Restriction Specifications.**

To be considered for exemption from the Meal Plan for dietary restrictions, you must provide documentation to support the medical concerns that you believe cannot be accommodated within the Meal Plan structure.

Students and physicians should avoid making requests for exemption based on medically unsubstantiated beliefs (i.e. Dining Services food is unhealthy or too high in fat; student is a vegetarian; student is not using Dining Services because food disagrees with student or because food is not organic). Exemptions are made solely on the basis of documented health conditions that Dining Services is unable

to accommodate. In the event of food intolerances or allergies qualifying as disabilities, **the physician must state specifically which food(s) cannot be consumed and what allergic reaction(s) occur.**

Examples of commonly used reasons that are NOT grounds for accommodation or exemption requests are:

1. Vegetarian or vegan;
2. Saving money;
3. Having more meals than are being utilized;
4. Eating organic/avoiding pesticides and/or food preservatives;
5. Having an on-campus dorm room with a kitchen/kitchenette.

Each Meal Plan petition citing dietary restrictions will be assessed on an individualized basis, taking the following factors into account:

1. Does the student have a medically diagnosed condition requiring a dietary restriction (i.e. Celiac disease, Crohn's disease, severe peanut allergy, etc.)?
2. Does the student have medical documentation from a physician or other licensed healthcare provider qualified to render the opinions stated?
3. Does the student have adverse reactions when eating in the dining hall?
4. Has the student had Emergency Room (ER) visits relating to adverse reactions?
5. Prior to filing this Meal Plan Accommodation Request, has the student met with the University's dietitian to inquire about accommodation?
6. Can an accommodation that meets the disability be offered through Dining Services?
7. Would an accommodation fundamentally alter the dining program of Liberty University?

### **CHECKLIST**

**The following must be timely submitted to the Office of Disability Accommodation Support (ODAS) in order to make a Meal Plan Accommodation Request:**

1. Meal Plan Accommodation Request Form.
2. Personal Statement.
3. Authorization to Release Medical Information.
4. Responsibilities of Students with Dietary Needs Form.

# Meal Plan Accommodation Request Form

## General Information.

Name: \_\_\_\_\_ Liberty ID: \_\_\_\_\_  
University Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Class:        \_\_\_ Freshman        \_\_\_ Sophomore        \_\_\_ Junior        \_\_\_ Senior  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_

## Questions.

Please circle "YES" or "NO" and answer each of the following questions.

1. Do you have a medically diagnosed condition requiring a dietary restriction?        **YES**    **NO**  
If yes, please indicate the name of the condition: \_\_\_\_\_
2. Do you have medical documentation from a healthcare provider?        **YES**    **NO**  
**If yes, please attach the documentation from your physician to this Form.**
3. Do you have adverse reactions to eating in the dining hall?        **YES**    **NO**
4. Have you been to the Emergency Room (ER) as a result of your adverse reactions?        **YES**    **NO**
5. Can accommodation be made through the University's Dining Services?        **YES**    **NO**

## Other Attachments.

**Attach a Personal Statement** detailing why you believe a Meal Plan reduction or exemption is needed. Refer to the Meal Plan Accommodation Policy sheet for details.

Attach a completed **Responsibilities of Students with Dietary Needs Form** and a copy of the **Authorization to Release Medical Information** you forwarded to your physician, along with any medical records or physician's note/letter that you want to be considered.

I have read and understood the Meal Plan Accommodation Policy and agree to abide by its terms. I understand it is my responsibility to develop complete Application Materials in accordance with the directions within the Meal Plan Accommodation Policy. I understand that I have agreed to the Meal Plan requirement as part of my financial check in contract, which requires that all students residing in campus housing purchase a meal plan. Further, I understand that I am bound to the terms of the financial check in contracts unless my Request is granted and I am formally released. In addition, I understand The Liberty Way Honor Code encompasses a wide range of behaviors that relate to my Request. I understand that honesty is expected in presenting all information for the University to make an informed evaluation and decision. My signature verifies my understanding of my responsibility to submit truthful and accurate Application Materials and in doing so, to abide by The Liberty Way Honor Code.

\_\_\_\_\_  
**Student Signature (required)**

\_\_\_\_\_  
**Date**

## Authorization to Release Medical Information

**Step I:** Patient Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

**Step II:** I, the above named Patient, hereby authorize:

\_\_\_\_\_  
Name of Physician/Medical Facility

Address \_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Phone # Fax #

**Step III:** to release all health care records related to my:

\_\_\_\_\_  
(Please specify condition(s).)

for the purpose of reviewing my healthcare information to document and support my Meal Plan Accommodation Request, to:

Liberty University  
Attn: Accessibility Services Coordinator  
Office of Disability Accommodation Support  
(ODAS)

Please send the scanned records via  
email to:

Accessibility@Liberty.edu

As the person signing this authorization, I understand that I am giving my permission to the above-named healthcare entity for disclosure of confidential health records. I understand that the healthcare entity may not condition treatment or payment on my willingness to sign this authorization. I also understand that I have the right to revoke this authorization at any time, but that my revocation is not effective until delivered in writing to the person who is in possession of my health records and is not effective as to health records already disclosed under this authorization. A copy of this authorization and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original health records. I understand that health information disclosed under this authorization might be re-disclosed by a recipient and may, as a result of such disclosure, no longer be protected to the same extent as such health information was protected by law while solely in the possession of the healthcare entity.

\_\_\_\_\_  
**Signature of Patient** **Date**

\_\_\_\_\_  
**Signature of Parent or Legal Representative** **Date**

(only if Patient is under 18)

Relationship or Authority of Legal Representative (leave blank if patient signed above):

\_\_\_\_\_

This authorization shall expire 90 days after the date of patient signature above.

**LIBERTY UNIVERSITY**

**Office of Disability Accommodation Support (ODAS)**

**Responsibilities of Students with Dietary Needs Form**

By initialing each statement below, I, \_\_\_\_\_, hereby agree to the following responsibilities (check or initial all that apply):

- \_\_\_\_\_ Notifying the University's Office of Disability Accommodation Support (ODAS) of any dietary restrictions requiring accommodations.
  
- \_\_\_\_\_ Providing medical documentation from a licensed healthcare provider to support my Meal Plan Accommodation Request.
  
- \_\_\_\_\_ Meeting with the University's dietician at least once per semester (or more if necessary) to assess whether Dining Services can accommodate my needs.
  
- \_\_\_\_\_ Notifying the ODAS of any changes in my dietary needs (i.e. any adverse reactions, new food allergies, related hospital visits, changes in medication, improvements in my medical condition, etc.).
  
- \_\_\_\_\_ Reading all ingredients on food labels, dining halls, or any place on campus where food is served. If such information is not easily visible or readily available, asking Dining Services to provide it.
  
- \_\_\_\_\_ Updating my contact information on file with the University.
  
- \_\_\_\_\_ Updating medical documentation from my healthcare provider.
  
- \_\_\_\_\_ If my dietary needs are met through specially prepared meals by Dining Services, picking up said meals on time.
  
- \_\_\_\_\_ Carrying appropriate medication with me at all times (i.e., anti-histamines, epinephrine, etc.).
  
- \_\_\_\_\_ When I feel sufficiently comfortable, informing a friend at the University of my dietary restrictions and teaching the friend to assist me if I have a severe allergic reactions and cannot administer aid myself.

I hereby acknowledge that I have read and understood the Meal Plan Accommodation Policy and agree to abide by its terms, as well as the Responsibilities as a person with special dietary needs as outlined above.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_