Dietary Accommodations Requests

Accommodation Request Documents

The accommodation request for dining accommodations in LUAccommodate must include an attachment of the **Disability Verification Form for Dining Accommodation**. This form must be completed by a qualified healthcare provider – see the following description:

> *Liberty University requires documentation from an appropriately qualified healthcare provider who is currently treating the student to accurately and equitably evaluate each request. The healthcare provider must have an active professional license from the Commonwealth of Virginia or the state of the student's permanent residence. The qualified healthcare provider completing all parts of the Medical Dietary Needs Health Report cannot be related to the student.*

Current (within two years) and appropriate documentation must be submitted for consideration of each request.

Accommodation Request Process

The accommodation request process always includes (but may not be limited to) the following steps:

1. Submission of a request through LUAccommodate by the student, including the Disability Verification Form for Dining Accommodations with the initial request
2. Review of the request by the Dietary Needs Accommodation Committee
3. Student meeting with the Campus Dietician
4. Written reply to the student regarding the accommodation request

Before you Begin

The University provides reasonable disability accommodations to students with documented disabilities who have a verifiable need for an accommodation that requires a modification to their diet that is not possible within Liberty Dining Services. All on-campus students are required to choose a meal plan. In rare circumstances, exemptions to this policy are made for documented medical dietary needs that cannot be met by Liberty Dining Services.

Before you start the dietary accommodations request process, it is important that you review the Liberty Dining Services/Sodexo My Way website to see if your food allergies, intolerances, and/or medical dietary needs can be standardly provided by Liberty Dining Services (liberty.sodexomyway.com/).

Disability Verification Form for Dining Accommodations

Section 2 of this form must be completed by a licensed healthcare provider.

1. IDENTIFYING INFORMATION

_____   _____

Student's Name   **LUID Number**

_____ @liberty.edu   _____

Student's Email   **Student's Phone**

2. TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

Note: A letter may not be submitted in place of this form unless all the information below is included in the letter.

A. Diagnostic Information

A.1 Please state the complete diagnosis (ICD-10): _____

_____

A.2 Date of Diagnosis: _____

A3. In addition to the ICD-10 criteria, how did you arrive at your diagnosis? _____

_____

Please complete and sign the attached Dietary Allergens / Intolerance Form if the condition is allergy-related.

Please attach any documents that validate the diagnosis and medical need.

B. Contact History

B1. This student has been under a provider's care for this issue since: **_____**

B2. Date student was last seen: **_____**

C. Impact of Condition

C1. How long is this condition likely to persist? (Permanent/Temporary): _____

C2. How often is the student required to check in with a provider?

☐ Once a week   ☐ Once a month   ☐ Every 3-4 months   ☐ Every 6 months

☐ Once a year   ☐ As needed   ☐ Other: _____

C3. Is the student currently taking medication(s) for their symptoms?   ☐ YES   ☐ NO

If yes, what medication(s) is the student currently taking? For each medication, describe the side effects and any impact on academic performance. Do limitations/symptoms persist even with medications?

Medication and Dosage	Side Effects	Academic Impact	Symptoms Persist with Medication?

D. Disability Accommodations

   D1. What dining accommodations do you believe could reasonably meet the student's dietary needs within an institutional dining system (ex. Foods that contain none of the allergens listed on the form)

_____

_____

E. Credentials and Signature

_____

Name and Title

_____

Address

_____   _____

Phone   **Date**

_____

Signature (Handwritten or stamped)

3. SUBMISSION INFORMATION

Students should submit this completed form in LUAccommodate when submitting a request.
Licensed Healthcare Providers may submit this completed form in one of the following ways:

    Scan & Email: accessibility@liberty.edu

    Fax: 434-582-3858

    Mail: Office of Disability Accommodation Support

           Liberty University

           DeMoss Hall 1264

           1971 University Boulevard

           Lynchburg VA 24515

Dietary Allergens/Intolerances Form

Each column must be completed for a respective allergy by the healthcare provider

Item	Allergen(**A**) or Intolerance(**I**) Check for YES	Ingestion and/or Cross Contact Check for YES	Type of Reaction	Evidence-Based Method used to Determine the Diagnosis AND Date of Testing
Peanuts	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Tree Nuts (specify)	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
	A ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
	A ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Milk	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Eggs	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Gluten	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Soy	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Fish	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Shellfish	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Corn	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Gelatin	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Oats	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Tree Nuts (specify)	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
	A ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Spices (specify)	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Fruit (specify)	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
	A ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		
Other	**A** ☐ **I** ☐	Ingestion ☐ Cross Contact ☐		

Physician's signature _____ Date _____