

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 in order 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, with the Disability Verification Form for Dining Accommodations attached
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 which cannot be met by Liberty Dining Services.

Before you start the dietary accommodations request process, it is important for you to 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

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.

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?

E. Credentials and Signature

PLEASE TYPE OR PRINT CLEARLY

Name and Title

Address

Phone

Signature

Date

3.SUBMISSION INFORMATION

Submit this completed Physical/Medical/Sensory Disability Verification form by email, fax, mail or in person to:

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

All columns must be completed by the healthcare provider and signed here:

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 <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Tree Nuts (specify)	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Milk	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Eggs	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Gluten	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Soy	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Fish	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Shellfish	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Corn	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Gelatin	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Oats	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Tree Nuts (specify)	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Spices (specify)	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Fruit (specify)	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		
Other	A <input type="checkbox"/> I <input type="checkbox"/>	Ingestion <input type="checkbox"/> Cross Contact <input type="checkbox"/>		