



Student Disability Request Form for Meal Plan Accommodation To Be Completed By Student

All students living on campus are required to purchase a University of New Orleans University meal plan. A major aspect of college is dining with other students and developing a sense of community that arises in this setting. Occasionally, students have special needs based on documented health conditions, such as those resulting in certain dietary restrictions, which may necessitate accommodations to the meal plan.

University of New Orleans University (ARAMARK®) Dining Services offers many dining options capable of accommodating different dietary needs, including student specific meal preparation for allergies, in addition to a wide array of healthy eating choices.

University of New Orleans University is committed to the full participation of students with disabilities in all aspects of college life, including the dining experience. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), University of New Orleans University has established procedures to ensure that the needs of students with documented food related disabilities are accommodated. Generally, we are able to do so within the college's existing meal plans, and exemptions from the meal plan are rare.

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Students should allow adequate time for the application materials to be reviewed and accommodations considered. A meal plan accommodation review may take 2-4 weeks.

For deadlines and information regarding the complete process for requesting disability-related meal plan accommodations, please refer to the Meal Plan Accommodations Procedures and Guidelines on the Office of Disability Services website (http://www.uno.edu/disability-services/). Students must follow these procedures and provide all the required information in order for a Meal Plan accommodation to be considered.

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you already receive accommodations at UNO? \_\_\_\_\_ Yes \_\_\_\_\_ No

Accommodation Requested for \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year 20\_\_\_\_\_

Is this request related to a temporary condition or impairment? \_\_\_\_\_ Yes \_\_\_\_\_ No

- o If yes, please indicate the expected duration of illness or disability:

What is your documented disability or medical condition?

Please provide an explanation with examples of how your disability or medical condition impacts your ability to participate in a meal plan.

Please check any modifications to the meal plan you believe are necessary to accommodate your disability/medical condition.

- Gluten Free
- Dairy Free
- Vegetarian
- Vegan
- Kosher
- Diet for Gastrointestinal Diseases (e.g., Crohn's)
- Diet for Diabetes
- Low Glycemic Diet
- Other \_\_\_\_\_

### Application Checklist

- I have read and understand the *Disability Accommodation Request for Meal Plan Procedures and Guidelines*.
- I sent my health care professional(s) the *Disability Documentation form for Medical Professionals*.
- I have included documentation of my disability --OR--
- I have already submitted documentation of my disability --OR--
- I will be submitting disability medical documentation from my care provider shortly.
- I understand I must follow up with the office to set an appointment to discuss accommodations.

Submit all forms to:

Director, Student  
Accountability, Advocacy and  
Disability Services  
University of  
New Orleans  
UC 248  
2000 Lakeshore Dr.  
New Orleans, LA 70148  
Fax: 504-280-3975

### Have any Questions?

Call Student  
Accountability,  
Advocacy and  
Disability Services at  
504-280-6222

*By my signature below, I state that the above information and statements are true. I give my consent for the Meal Plan Accommodation Committee to contact any of my medical professional(s), identified in my medical documentation, for additional information as needed to assess my requested accommodations. This acts as a release of content form for all parties involved in determining accommodations.*

\_\_\_\_\_  
*Student Signature*

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