



SIENA HEIGHTS
UNIVERSITY

Documentation for Dietary Accommodation Request

To Be Filled out by Student:

Student name: _____ Date of Birth: _____

SHU ID: _____

The student has requested the following accommodation/modification (filled out by student):

(Remaining Pages -- To be completed by healthcare professional, who is NOT related to the student)

To be filled out by Provider:

Health Care Provider's Name: _____

Health Care Provider's credentials: _____

License or Certification Number: _____

Please note: Siena Heights University ensures equity for all students including equal access for students with disabilities. As a four-year residential college, learning to live in a community and share space with others is an integral part of students' educational experience. A standard meal plan for freshman includes a 19-meal plan (averaged out to 3 meals M-F, 2 Sa/Su), Sophmores/Juniors/Seniors in residence halls include either maintaining 19-meal plan or decreasing to a 14-meal plan (averaged out to 2 meals per day), and those living in CV get a 75-meal plan (75 meals per semester).

Accommodations adjustments are made to facilitate equal access, they are not intended to ensure a preference or desired outcome. To establish a medical need for dietary accommodations, unless the disability and the disability-related need for the accommodation is obvious and apparent, documentation of the disability is required.

The student named above, as part of their residential requirement at Siena Heights, is a residential student, per campus residence policy of 3-years (on Adrian campus only). When it is not obvious that an individual is disabled or requires a requested accommodation/modification, the University needs to verify the same. We appreciate your cooperation in answering the questions on this form and returning it as directed at the end of the form.



Please answer the following questions (please attach additional pages if space is required):

Definition of “Disabled”

Under federal law (ADA), for the purposes of public accommodations, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, hearing disease, diabetes, Human Immunodeficiency Virus infection, intellectual or developmental disabilities, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use.

The term major life activities means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, eating, learning and speaking.

Information Requested

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is the individual disabled as defined above? | ☐ Yes | ☐ No |
| a. Is the individual currently under your care? | ☐ Yes | ☐ No |
| 2. Does the student require medical/therapeutic equipment? | ☐ Yes | ☐ No |

If yes, please explain:

Email: accessibility@sienaheights.edu
Fax: 833-413-2849

Siena Heights University 1247
East Siena Heights Drive
Adrian, MI 49221



Using as much space as needed, please describe the type, severity, and frequency of symptoms currently experienced by the student, and how the disability interferes with eating or dining in university facilities.

- ☐ Life threatening/anaphylaxis (Student carries an epi-pen)
 - ☐ Due to airborne contact
 - ☐ Due to cross-contamination
 - ☐ Due to ingesting food, only
 - ☐ Other (please specify)

- ☐ High sensitivity, no anaphylaxis
 - ☐ Due to airborne contact
 - ☐ Due to cross-contamination
 - ☐ Due to ingesting food, only
 - ☐ Other (please specify)

Describe the requested meal plan accommodation. Please explain how the requested accommodation is necessary to allow equal access to the University's meal plan and facility.



In addition, mark all that apply.

- ☐ Gluten-free menu options
- ☐ Dairy and lactose-free options
- ☐ Vegetarian menu options
- ☐ Vegan menu options
- ☐ Access to Kosher menu options
- ☐ Specialized diets for gastrointestinal diseases (e.g. Chron's, Celiacs, Colitis, IBS, etc.)
- ☐ Other (please describe any modification(s) you believe are necessary; specify other food allergies, sensitivities and/or conditions)
- ☐ Exemption from meal plan

If applicable and not already provided, please provide a list of foods that must be avoided (categories) and/or foods that are acceptable (categories).

What are the possible alternatives if meeting your primary recommendation is not possible?

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Documentation will be kept in a confidential file available only to the members of the housing accommodation committee, whose recommendations are based on whether the medical documentation meets the above guidelines. The committee may seek additional information or clarification from the provider as needed.

Signature of Health Care Provider: _____ **Date:** _____

Please include a business card or official letterhead with documentation

Please return completed form to:

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