



## Application for Dining Accommodations

The student must complete **Parts I & II** of this application. The medical provider listed in Part II should be the professional who is currently treating the student for the medical condition related to the dining accommodation request. The completed application, along with all supporting medical documentation should be submitted to the Accessibility Services Office at [accessibilityservices@centenaryuniversity.edu](mailto:accessibilityservices@centenaryuniversity.edu). All information is kept confidential under applicable laws and is only shared with members of the Dining Accommodations Committee for purposes of evaluation and determination of reasonable accommodations.

*In accordance with established policies and procedures, supporting medical documentation must be submitted to Accessibility Services in order to verify the functional limitations imposed by the disability.* Documentation guidelines can be found on the Accessibility Services handbook, located at

<https://www.centenaryuniversity.edu/academics/disability-services/> or by contacting Accessibility Services at (908) 852-1400 ext. 2584.

If a student requires assistance with the accommodative process, they should inform the Director of Accessibility Services, Laura Foster-Wasilewski.

### PART I. REQUEST FOR REASONABLE DINING ACCOMMODATIONS

Accessibility Services

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Year in School: \_\_\_\_\_

Current Residence Hall: \_\_\_\_\_

1. Please specify the medical diagnosis for which you are requesting a dining accommodation

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2. What dining accommodation(s) are you seeking?

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3. Briefly describe why you are requesting the above accommodations. How does your disability support the requested accommodation(s)?

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4. Does your health care professional recommend a specific diet due to your medical condition?      Yes      OR      No

If Yes, please list recommended diet and the reason for the recommendation.

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5. What foods do you typically eat? Please be specific; additional pages welcomed

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6. What foods do you not eat and why?

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Are you responsible for any of your own food preparation? Yes      OR      No

If yes, please describe:

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7. Do you feel your medical condition will impact your residential services needs?

Yes      OR      No

If yes, please explain

*I understand that I must complete the Application for Dining Accommodations and provide supporting documentation to, and as outlined by, the Accessibility Services office to be considered for this request. All submissions are evaluated on a case-by-case basis. Submission of all necessary documentation does not guarantee requested accommodations.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Questions or concerns may be directed to: Centenary University Accessibility Services (908) 852-1400, ext 2584 or [accessibilityservices@centenaryuniversity.edu](mailto:accessibilityservices@centenaryuniversity.edu)*

## **PART II. RELEASE OF INFORMATION**

I, \_\_\_\_\_, give permission for the exchange of any medical, educational, psychosocial, or psychiatric information between the members of the Housing Accommodations Committee.

**AND the healthcare provider listed**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**All information is kept confidential under all applicable laws and is only shared with members of the Dining Accommodation Committee for purposes of evaluation and determination of reasonable accommodations.**

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Student Name (please print)

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I.D. Number

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Student Signature

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Date

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Staff Signature

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Date



## Documentation Guidelines for Dining Accommodations

To support requests for dining accommodations, a letter must be provided from a healthcare provider who is currently treating the student for the medical condition that is stated in the *Application for Dining Accommodations*.

The letter must include the following:

### **1. Credentials of the evaluator**

The best quality documentation is provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

## **2. A diagnostic statement identifying the disability**

Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.

## **3. A description of the diagnostic methodology used**

Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

## **4. A description of the current functional limitations including specific dietary restrictions**

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

While relatively recent documentation is recommended in most circumstances, common sense and discretion in accepting older documentation of conditions that are

permanent or non-varying is recommended. Likewise, changing conditions and/or changes in how the condition impacts the individual brought on by growth and development may warrant more frequent updates in order to provide an accurate picture. It is important to remember that documentation is not time-bound; the need for recent documentation depends on the facts and circumstances of the individual's condition.

## **5. A description of the expected progression or stability of the disability**

It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.

## **6. A description of the current treatment plan**

The most comprehensive documentation will include a description of both current and past medications, support services, and prescribed therapeutic diet, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

## **7. Recommendations for campus dining accommodations**

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the university or program may be appropriate. When recommendations go beyond equitable and inclusive services and

benefits, they may still be useful in suggesting alternative accommodations and/or services.