

Fresh Picks Café's New Hampshire Allergy Protocol

Fresh Picks Café believes all students should have access to nutritious and safe food. We believe a comprehensive approach is necessary in order to best serve our customers. Fresh Picks Café follows the guidance of The Americans with Disabilities Act Amendments Act of 2008 (ADAAA), P.L. 110-325 as well as the New Hampshire Department of Education.

Customers seeking menu modifications are asked to complete the attached NH Special Dietary Medical State Form. The form outlines:

- **The child's allergy, special dietary condition or disability.**
- **The food(s) to be omitted from the child's diet, and the food or choice of foods that must be substituted.**
- **An explanation of why the condition restricts the child's diet (if the condition is classified as a disability).**
- **The major life activity affected (if the condition is classified as a disability).**

Please submit the medical form to your school nurse. Forms will be shared with the Fresh Picks Café Dietitian and your child's school Food Service Manager.

Please provide contact information in the event we need to contact you regarding menu substitutions. Also, should you wish to end your child's menu modifications for any reason, we require written and signed documentation from the child's legal guardian.

This community approach allows our children safe access to nutritious and fresh foods daily.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. **fax:** (833) 256-1665 or (202) 690-7442; or

3. **email:**

program.intake@usda.gov



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Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301

SPECIAL DIETARY MEDICAL STATEMENT
Please send to Student's School/Institution

Date: _____
Student Name: _____

MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN	
(Accommodation that alters the USDA meal pattern; ex. fruit cannot be served to student)	
Foods to be Avoided:	

Brief explanation of how exposure to this food affects the student:	

Recommended Substitute to this Food:	

Signature of Licensed Medical Professional	Printed Name of Licensed Medical Professional

MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN		
(Accommodation within one of the 5 food items; ex. orange served instead of an apple)		
Foods to be Avoided:		

Brief explanation of how exposure to this food affects the student:		

Recommended Substitute to this Food:		

Signature	Printed Name	Title

Please refer to Page 14 of USDA-FNS *ACCOMMODATING CHILDREN WITH DISABILITIES IN THE SCHOOL MEAL PROGRAMS, JULY 25, 2017*

Meal Pattern = Meat/Meat Alternate, Grain, Vegetable, Fruit and Milk

TDD Access: Relay NH 711
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