**General Information:**

Muhlenberg College students with a documented medical condition that may significantly and directly impact the ability to fully utilize or access dining services may submit a **Special Dining Services Request**, along with supporting medical documentation, to the Office of Disability Services. Students making application are encouraged to review all components of the application and documentation process. The **Diagnostician Form** should be presented to the medical professional who will be providing written documentation of the condition.

Special Dining Services Request applications and documentation are individually considered by the Directors of the Office of Disability Services and Student Health Services. The medical conditions documented through this process must rise to the standards of a disability under the Americans with Disabilities Amendments Act (ADAAA) (revised 2008). Decisions about Special Dining Services accommodations are made based on the severity of the condition and the critical medical necessity of the request. The accommodations requested through this process must be an integral component of a treatment plan prescribed by a medical professional qualified to treat the particular condition.

For students who have been determined eligible through this process, a **Special Dining Services Accommodation Plan** will be individually developed in a collaborative process that includes the student, Director of Health Services, Representatives of Dining Services, the Director of the Office of Disability Services and other campus representatives, as appropriate.

It should be noted that documentation of a medical condition **does not** guarantee that a request will be approved. Further, situations such as diets for weight loss and personally elected dietary restrictions (vegetarian, gluten free, etc.) generally do not warrant special dining services accommodations through this process, as these are considered lifestyle choices and not conditions consistent with a determination of disability.

**Procedures:**

- To initiate the process, students should submit the completed **Special Dining Services Request Form Application** to the Office of Disability Services.
- The treating medical professional must complete the **Diagnostician Form** and submit a report and statement of medical necessity to support the Special Dining Services Request. (Please note that students need to re-apply for accommodations through the Special Dining Services Request process **every** year that the request is being made)
- Students must schedule an in-person or phone interview with the Directors of the Office of Disability Services and Student Health Services to discuss the request.

**Deadlines for 2015-16 academic year:**

- **Continuing Muhlenberg College students** must submit the application for Special Dining Services Request, with the supporting documentation, by March 9, 2015. **Incoming, first year students** must submit the Special Dining Services Requests, with the supporting documentation, no later than June 12, 2015.

- **Current semester off -deadline requests:** Students should submit the application with supporting medical documentation as soon as possible after the diagnosis and recommendations have been obtained from the medical professional with whom the student is working. This is reserved for students with a change in current condition or for students with newly diagnosed conditions.
In order to evaluate your request for a Special Dining Services accommodation, please provide the following information.

Name:_______________________________   Phone Number: ________________   Class Year:___________

If you are a current student: Residence Hall___________________ Current Meal Plan: ________________

► Special Dining Services Request: __________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

► Briefly describe how your medical condition warrants the accommodations requested (including medical diagnosis, date of onset, and symptoms)
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

► Do you feel your medical condition will impact your residential services needs and/or assignment? Yes  No

If the request is dietary in nature, please complete:

► Did your health care professional recommend a specific diet due to your medical condition? Yes  No
   If yes, Please list recommended diet and the reason for the recommendation.________________________
   __________________________________________________________________________________________

► Tell us about your dietary history:
   What specific foods do you eat due to your condition?__________________________________________
   __________________________________________________________________________________________
   What specific foods do you not eat due to your condition and why?______________________________
   __________________________________________________________________________________________
   Have you had any unintentional weight gain or loss in the past 6 months? If yes, please explain?
   __________________________________________________________________________________________
   Are you responsible for any of your own food preparation? Please describe:
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

I understand that I must complete the Special Dining Services Request Application and provide supporting documentation to the Office of Disability Services in order to be considered for this request. The completed application includes a Report of Evaluation and statement of medical necessity from the appropriate diagnostician to support my request.

Signature:____________________________________                        Date:________________________

Questions or concerns may be directed to:
Muhlenberg College Office of Disability Services
2400 Chew Street
Allentown, PA 18104
(484) 664-3825

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