UNION UNIVERSITY

OFFICE *of* **DISABILITY SERVICES**

Student Life

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

All students living on campus are required to purchase a Union University meal plan. A major aspect of living at a residential 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.

Union University 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. We encourage students to meet with Dining Service's staff first to inquire about all the dining options before pursuing a meal plan accommodation.

Union 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), Union University has established procedures to ensure that the needs of students with documented food-related disabilities are accommodated. Generally, we can do so within the college's existing meal plans, and exemptions from the meal plan are rare.

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Meal Plan accommodations are NOT retroactive and financial refunds will not be granted for current or past semesters. Once the semester begins, all approved meal plan accommodations will be applied to the following semester. 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 for Disability Services website (https://www.uu.edu/studentlife/disability-services/resource-requests.cfm). Students must follow these procedures (pg. 25) and provide all the required information for a Meal Plan accommodation to be considered.

Name: _____   Graduation Year: _____   Date: _____

Email: _____   Cell Phone: _____

Do you already receive Disability Services Accommodations? _____ 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?
_____
_____

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Please provide an explanation with examples of how your disabling 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.

- o Gluten Free
- o Dairy Free
- o Vegetarian
- o Vegan
- o Kosher

- o Diet for Gastrointestinal
     Diseases (e.g., Crohn's)
- o Diets for Diabetes
- o Low Glycemic Diet
- o Other _____

Application Checklist

☐ I submitted an Online Application for Reasonable Accommodations
    (https://www.uu.edu/studentlife/disability-services/requesting-accommodations.cfm).

☐ I 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

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Submit all forms to:

Director for
Disability Services
Union University
UU Box 1915
1050 Union University Dr.
Jackson, TN 38305

ods@uu.edu
Fax: 731-661-5192

Have any Questions?

Call the Office for
Disability Services at
731-661-6520

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***