

DISABILITY REQUEST FORM FOR MEAL PLAN ACCOMMODATION

UNIVERSITY OF VALLEY FORGE - DISABILITY SERVICES

1401 Charlestown Road, Phoenixville, PA 19460
Dr. Caruso: 610-917-3913 • Health Center: 610-917-1465 • Fax: 610-935-9353

(TO BE COMPLETED BY THE STUDENT)

UVF strongly encourages students to eat meals together to develop friendships, share ideas and values, and to participate as part the UVF community. Residence halls are not designed for ongoing meal preparation. Single resident students on the UVF campus are required to have a meal plan. On rare occasions a dietary disability may necessitate accommodations to the meal plan.

In compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, (ADA), the University of Valley Forge has established procedures to ensure that students with documented disabilities have access to reasonable on campus meal plan accommodations.

The ADA has defined a disability as any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person.

Deadlines for Requesting a Meal Plan Accommodation

Students are encouraged to submit the request before the deadlines or after the disability has been officially diagnosed. *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.*

Deadlines: To ensure that your request is processed in a timely manner, please fully complete and submit all of the required forms to the Disabilities Office by the following dates:

- May 1st for fall semester-returning students
- June 1st for fall semester-new students
- December 1st for spring semester
- Summer Housing before March 31st

Student Name

Expected graduation year

Student Email

Student ID Number

Accommodation requested for: Fall Semester _____ Spring Semester _____

Is this request for a temporary condition? _____

What is your documented medical condition or disability? _____

In the space below, please explain in detail and in your own words your medical condition or disability and the type of dietary accommodation you are requesting. (Attach additional description if needed.)

In the space below, please provide an explanation of how your disability impacts your ability to eat in the Dining Commons. (Attach additional description if needed.)

Application Check List

I have read and understand the Disability Accommodation Procedures and Guidelines for Meal Plans.

I have completed this form, the Disability Request Form for Meal Plan Accommodation.

I have signed the General Release Form allowing information regarding my medical condition/disability to be shared with others, including, but not limited to the Director of Disability Services, Director of Health Services, General Manager of the Dining Commons, UVF's Registered Dietician Representative, Residence Life Staff, Vice President of Student Life and Vice President of Finance.

I have sent my medical professional(s) the Disability Documentation Form for Meal Plan Accommodation.

I have included documentation for my disability (for example, lab studies, tests, and other studies which show evidence of my disability).

I have spoken to the Manager of the Dining Commons and it has been determined that the UVF Dining Commons cannot meet my dietary needs.

I state that the following information is true and give my consent for the appropriate UVF representatives to contact the doctor(s)/ medical professional(s) identified in my medical documentation in order to clarify any questions necessary in a meal plan determining accommodation.

Student Signature

Date

Return this form to the Director of Disability Services at the University of Valley Forge

Office Documentation (*completed by the UVF Disability Services*)

Disability Request Form for Meal Plan Accommodations (*to be completed by student*)

Disability Documentation Form for Meal Plan Accommodation (*to be completed by a medical professional*)

General Release of Medical Information (*to be signed by student*)

Date Received: _____

Current Medical Documentation