MEAL PLAN ACCOMMODATION REQUEST FORM

Allegheny College is committed to supporting students with disabilities with reasonable meal plan accommodations to provide equal access to the College’s dining plan and facility. The Meal Plan Accommodation Policy applies to all students and explains the specific steps necessary to request a meal plan accommodation at Allegheny College.

The American with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The three factors influencing a determination of substantial limitation are 1) the nature and severity of the impairment, 2) the duration or expected duration of the impairment, and 3) whether the impairment is characterized as permanent or long-term.

Students must complete and submit a Meal Plan Accommodation Request Form to the Disability Services Office. When the disability and/or need for accommodation is not obvious, students may also be asked to have a treating healthcare provider complete and submit a Meal Plan Accommodation Verification Form to the Disability Services Office. This form provides the Disability Services Office with reliable documentation that the student has a disability. Documentation must also show that the requested accommodation is necessary to provide them with equal access to the College’s meal plan and/or facility; in addition, there must be an identifiable relationship, or nexus, between the requested accommodation and their disability. The treating healthcare provider completing the form must specialize in a field consistent with the diagnosis, as well as be familiar with the student’s disability and the necessity for the requested accommodation. To avoid any conflict of interest, documentation must be provided by a non-family healthcare provider. When all of the appropriate forms have been submitted, the Housing Accommodation Committee will review the request. More information about the Housing Accommodation Committee is available in the Allegheny Meal Plan Accommodation Policy.

Please see the Meal Plan Accommodation Policy for additional information.

STUDENT NAME: _________________________________________________________

STUDENT ID#: ___________________________ CELL #: ___________________________

CURRENT HOUSING ASSIGNMENT (BUILDING & ROOM): ____________________________
ALLEGHENY EMAIL: ____________________________________________________________

CURRENT CLASS YEAR:  □ SENIOR
                         □ JUNIOR
                         □ SOPHOMORE
                         □ FIRST-YEAR

TERM(S) REQUESTING:    □ FALL & SPRING (upper-class students submit by February 15)
                         (first-year/transfer/readmitted students submit by June 15)

PLEASE SUBMIT ANSWERS TO THE FOLLOWING QUESTIONS:

1) Please identify the disability for which you are seeking a meal plan accommodation. What is the nature and severity of this impairment?

2) How long is this impairment expected to last? Is it characterized as permanent or long term? Please explain.

3) Describe your requested meal plan accommodation. Please explain how the accommodation is necessary to allow you equal access to the College’s meal plan and facility?*

4) Have you been approved for a meal plan accommodation previously? If yes, how is this request the same or different?

*Students who need a housing accommodation because of a medical dietary disability and/or condition, other than access to a community kitchen, must also follow the process for requesting a housing accommodation.
Please return this completed document to:
Office of Disability Services
Pelletier Library Box #6
Allegheny College
520 North Main Street
Meadville, PA 16335
Phone (814) 332-2898 Fax (814) 332-2987
jmangine@allegheny.edu

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