The College of Saint Rose
Meal Plan Waiver Request

Instructions and Information

Students who are requesting a meal plan waiver based on a disability or chronic medical condition should follow the steps outlined below. While the College of Saint Rose seeks to support students in a holistic manner, our ultimate goal is to provide all students with an equal opportunity to benefit from the programs and activities of the College. Some requests may be deemed unreasonable and/or may present an unreasonable administrative or financial burden to the institution. In these cases, College staff will work with students to help identify alternative arrangements. Please direct any questions or need for clarification to the address below.

The attached Meal Plan Waiver Request Form must be completed in full. As indicated on the form, appropriate sections must be completed by a qualified and licensed health care professional. If a care provider prefers to submit a letter on a student’s behalf, it must be submitted on letterhead and all questions on the form must be fully addressed.

Please keep in mind that completion of this form does not guarantee that a meal plan waiver will be approved. Students must demonstrate that dietary needs caused by a specific medical or disability condition cannot be met by Dining Services. In most cases students will be asked to meet with the Director of Dining Services who will forward a recommendation to the Housing Accommodation Committee. Lifestyle choices such as an organic or vegetarian diet will not be considered as sufficient to approve a meal plan waiver. Meal plan waivers will not be granted for the sole purpose of restricting caloric intake. All documentation will be maintained as confidential and should be submitted to:

The Office of Services for Students with Disabilities
The College of Saint Rose
432 Western Ave.
Albany, NY 12203
Phone: (518) 337-2335
cantwell@strose.edu

Upon receipt of an application, the Office of Services for Students with Disabilities will perform an initial review to determine that the Meal Plan Waiver Request Form has been completed in full and that the impact of a student’s condition is significant enough to consider reasonable accommodation under the Americans with Disabilities Act as amended and Section 504 of the Rehabilitation Act. The Health Services office will also review all applications to clarify the medical needs. The application will be forwarded to the Housing Accommodation Committee for review and, if appropriate, identification of specific accommodation. The Committee reserves the right to request additional information from the student as necessary. If the Committee needs more information to make a decision, the student will be asked to sign a release allowing a Committee member to contact the professional who completed the form.

A decision regarding specific requests will be communicated to students by a member of the Housing Accommodation Committee, which will make a good faith effort to notify the student of the status of his/her request in a timely manner. If a meal plan waiver is granted, the student will not be allowed to enter the dining hall without paying full price for a meal.

Appeal Process
A student who wishes to appeal a decision made by the Housing Accommodation Committee may do so by submitting written notification to the Assistant Vice President for Student Development at the address above. A letter of appeal should be submitted within 5 days of the decision notice.
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Meal Plan Waiver Request Form

Name: _________________________________    Date: ____________ I.D. #: ________________________________

Residence Hall: ___________________________         Cell Phone #: _______________________________

Home Address: _____________________________________________________________________________________

E-mail address: ____________________________________

Student Status:  ○ Freshman    ○ Transfer    ○ Sophomore    ○ Junior    ○ Senior

Reason for a Meal Plan Waiver request: _________________________________________________________________

Student’s Signature:  _______________________________________________________________

Please have your physician/ health care provider complete the following section of this form. Please print clearly and legibly.

Thank you for taking the time to complete this form to assist the College in making appropriate decisions for your client. The College of Saint Rose has a mandatory meal plan in which residential students are expected to participate. Our Dining Services has experience successfully addressing a range of dietary restrictions. We have rarely found it necessary to waive participation in our meal plan, which offers opportunities for social interaction in addition to meals. Please do not hesitate to contact us with any questions you may have.

This student is requesting this accommodation as of (date or semester): _______________________________________

This request is the result of a permanent and/or recurring condition and will need to be accommodated for the remainder of the time the student resides in campus housing.    ○ Yes    ○ No

Physician/health care provider’s name: _________________________________________________________________

Address: _____________________________________________________________________________________

Phone Number: ________________________________

Physician/ health care provider’s signature: _______________________________________________________________

Clinical diagnosis: __________________________  Date of initial Diagnosis: __________________

Please explain the impact of the above condition on the student’s daily life, in particular with respect to dietary restrictions:

How long has the student been in your care? _____________ When was the student’s last visit? ______________
In detail, please explain how the student will be impacted if the requested accommodation is denied and why you believe the student cannot be accommodated by the College:

Based on the student’s diagnosis, how has s/he adapted eating habits prior to attending The College of Saint Rose?

Is the student currently working with a dietician in addition to your services? Yes: ☐ No: ☐

(If you are not currently working with a dietician, you must meet with a dietician and design a diet plan prior to submitting this form for review. Please attach your diet plan to this form.)

Please provide a detailed list of foods that are NOT to be eaten:

Please provide a detailed list of foods that MAY be eaten on a regular basis:

What is the student’s plan for meeting his/her nutritional needs without campus food service?

**Staff Use only:**

Approved: _____ Denied _____ Date: _________________________