

## **Disability Request Form for Meal Plan Accommodation**

To Be Completed By Student

For current Evangel University students, please complete and submit this application along with all supportive medical documentation as soon as you are aware of a disability-related need for accommodations.

For applicants to Evangel University, documentation review will not begin until confirmation of your admission to the university and your enrollment deposit has been paid. However, the Director is available to consult with prospective students and their families about available services at Evangel University.

All students living on campus are required to purchase an Evangel 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.

**Evangel University (Aladdin Food Management Services, LLC) 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 of the dining options before pursuing a meal plan accommodation.**

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

**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. Please note that your request for services will not be reviewed until both a completed application form and appropriate supportive medical documentation are on file at the Office for Disability Services/Housing Office. Information provided to the Office of Disability Services/Housing Office is considered confidential.**

For deadlines and information regarding the complete process for requesting disability-related meal plan accommodations, please refer to the *Documentation Guidelines for Meal Plan Accommodations*. Students must follow these procedures and provide all of the required information in order for a Meal Plan accommodation to be considered.

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ EU ID# (if known): \_\_\_\_\_

Do you already receive Disability Services Accommodations?  Yes  No

Accommodation Requested for  Fall  Spring

Is this request related to a temporary condition or impairment?  Yes  No

If yes, please indicate the expected duration of illness or disability:

What is your documented disability or medical condition?

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.

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Diet for Gastrointestinal |
| <input type="checkbox"/> Dairy Free  | Diseases (e.g., Crohn's)                           |
| <input type="checkbox"/> Vegetarian  | <input type="checkbox"/> Diets for Diabetes        |
| <input type="checkbox"/> Vegan       | <input type="checkbox"/> Low Glycemic Diet         |
| <input type="checkbox"/> Kosher      | <input type="checkbox"/> Other _____               |

Do you work with a licensed dietitian?  Yes  No    If so, Name: \_\_\_\_\_

Are you currently admitted to Evangel University?  Yes  No

**Application Checklist**

- I read and understand the Documentation Guidelines for Requesting a Meal-Plan Accommodation.
- 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 health care provider shortly.

**Submit all forms to:**

Pam Smallwood  
Housing Director  
Evangel University  
1111 N Glenstone Ave  
Springfield MO 65802

smallwoodp@evangel.edu  
Fax: 417-865-9599

Have any Questions?  
Call the Housing Office at  
417-865-2815x7335

***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