



Procedure for Requesting a Meal Plan Modification

University of Maine at Presque Isle Dining Services can assist students to meet a variety of dietary needs (i.e. gluten-free, vegetarian, low calorie, low sodium, etc.) and religious practices. Any student can schedule a meeting with the Dining Services Manager to discuss an individualized plan. Dining Services is also available to assist and accommodate individuals in planning for special dietary needs required as part of the treatment of a specific medical condition such as autoimmune disorders, celiac disease, and others. This is an interactive process that involves the student and a knowledgeable representative of the Dining Services staff.

The following procedure is to be used only for a student who is requesting a meal plan accommodation/modification due to a documented disability. As possible, requests should be made by July 1 for fall semester accommodations and November 1 for spring accommodations. In order to be eligible, a student must complete the following:

Step 1:

Students must provide appropriate medical documentation to Student Support Services as part of the accommodation request. This information will be shared with the Dining Hall Manager and the UMPI Family Nurse Practitioner. See below for detailed information about Documentation Guidelines.

Step 2:

Students must meet with the Dining Services Manager to discuss their needs and determine whether their dietary needs, as dictated by the disability documentation, can be met. Minutes of this meeting will be taken and used as a reference tool.

Step 3:

If, at the conclusion of this meeting, it is determined that the student's dietary needs cannot be met, then a student may apply for a meal plan exemption. This process will require that the student complete a request form (attached)

Step 4:

An exemption request will be reviewed by the Dining Services Manager, the Director of Housing and Residential Life, the Family Nurse Practitioner, and the Director of Student Support Services. The student will be notified in writing of the outcome and, if applicable, provided instructions for how a student's account will be credited. *Please note that IF an exemption is approved, it will not be automatically renewed each academic year. Students must reapply each year.* Students who feel that they been unfairly denied a reasonable accommodation should contact the Dean of Students Office at 768-9610.

Documentation Guidelines:

All exemption for medical reasons requests must be supported by documentation from your physician. The documentation should be current (within the last year) and either be on letterhead or be a completed "Release of Information and Documentation of Disability and Accommodation Need" form.

Documentation should be submitted to the Student Support Services and should include the following:

- name, credentials, and contact information of the provider,
- the nature of the disability
- the functional impact in the context of the dietary environment (i.e. what difficulty might the student experience related to their condition?)
- and current treatment, including a diet plan.

Students should submit their documentation and Meal Plan Modification/Exemption Application Form to:

Mary Kate Barbosa
Director, Student Support Services
University of Maine at Presque Isle
181 Main Street
Presque Isle, Maine 04769
Office: (207)768-9613
Fax: (207)768-9617

To make arrangements to discuss your dietary preferences, please contact:

Craig Thompson
Manager, Dining Hall Services
University of Maine at Presque Isle
181 Main Street
Presque Isle, Maine 04769
Office: (207)768-9774
craig.thompson@sodexo.com

Questions or concerns related to these guidelines should be addressed to the Director of Student Support Services at rnaw.barbosa@maine.edu or 207-768-9613, the Office of Housing and Residential Life at donald.gibson@maine.edu or 207-768-9560, or the Dining Services Manager at craig.thompson@sodexo.com

Updated July 2019



UMPI Meal Plan Modification/Exemption Application

Part 1: Questionnaire

Name _____ MaineStreet ID _____

Campus Address _____

Residence Hall

Room #

Phone #

Cell Phone Number _____ Date of Birth _____

Parent/Guardian Address _____

Parent/Guardian Phone # _____ Number of credits completed _____

Number of semesters living on campus thus far (please circle) 1 2 3 4 5 or more

Number of semesters on meal plan thus far (please circle) 1 2 3 4 5 or more

Class Standing ___1st Year 2"d Year 3rd Year 4th Year Grad ___Other (specify)

Dining

What are your current and requested meal plans?

Current Plan		Requested Plan	
<i>Residential Meal Plans</i>	<i>Non-residential Meal Plans</i>	<i>Residential Meal Plans</i>	<i>Non-residential Meal Plans</i>
19 meals plus \$100 in Flex	Block 10 all you can eat meals	19 meals plus \$100 in Flex	Block 10 all you can eat meals
19 meals plus \$200 in Flex	Block 30 all you can eat meals	19 meals plus \$200 in Flex	Block 30 all you can eat meals
14meals plus \$150 in Flex	Block 30 plus \$100 in Flex	14meals plus \$150 in Flex	Block 30 plus \$100 in Flex
14 meals plus \$250 in Flex	Block 60 all you can eat meals	14 meals plus \$250 in Flex	Block 60 all you can eat meals
10 Meals plus \$150 in Flex	Block 60 plus \$200 Flex	10 Meals plus \$150 in Flex	Block 60 plus \$200 Flex
10 Meals plus \$250 in Flex	No Meals	10 Meals plus \$250 in Flex	No Meals
No Meals		No Meals	

Please note that residential meal plans can be changed by any student within the academic drop/add period by going to the Housing and Residential Life Office. As non-residential meal plans never expire, non-residential meal plans cannot be changed.

Part II: Personal Statement

Please attach a written essay detailing the reasons you are requesting a meal plan waiver. You must be clear in your statement regarding how you will provide your own meals if not eating in the dining facilities.

PART III: Documentation

Please supply the appropriate documentation (see explanation below).

MEDICAL / PSYCHIATRIC

- I. "Release of Information and Documentation of Disability and Accommodation Need" form, including presenting diagnosis and limitations as they relate to the request, must be completed by an M.D. or other qualified medical provider with expertise in the area of concern. Chiropractor, Physical Therapist, Massage Therapist are examples of what would not be considered acceptable for the purposes of this documentation.
2. The request for a meal plan modification or exemption must include a physician or dietitian-prescribed diet that you need to follow for your medical condition. This must include a sample menu for meals/snacks, foods you are to avoid, and foods you can eat.
3. Submit all medical documentation to:
Mary Kate Barbosa
Director, Student Support Services
University of Maine at Presque Isle
181 Main Street
Presque Isle, Maine 04769
Office: (207)768-9613
Fax: (207) 768-961 7

This documentation maybe shared with the UMPI Family Nurse Practitioner, the Manager of Dining Services, and the Director of Housing and Residential Life.

I have read the policy and application completely and understand the procedures. I understand that these application materials and medical documentation will be reviewed by appropriate personnel to include: the Dining Services Manager, the Director of Housing and Residential Life, the Family Nurse Practitioner, and the Director of Student Support Services.

Your Signature

Today's Date

If your application includes medical or otherwise sensitive information, please put it in a sealed envelope and write "CONFIDENTIAL" on the front.

It is recommended that you make a copy of the completed application and keep it for your files.

If you have further questions, please contact Mary Kate Barbosa, Director of Student Support Services at (207) 768-9613 or mary.barbosa@maine.edu, or contact Donald Gibson, Director of Housing and Residential Life at 768-9650 or donald.gibson@maine.edu

FOR OFFICE USE ONLY

Date Application Received _____ Review Date _____

Reviewed By _____

Action Taken _____

Note: The committee should attach the minutes of the meeting between the Dining Hall Manager (Step 2 in Procedure for Requesting a Meal Plan Modification), the student, and any other campus person present.

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