



Meal Plan Accommodation Instructions

Request for Meal Plan Accommodations or Exemption Due to Dietary Restrictions

Important Information – Please Read Carefully

As a residential institution, Houghton College requires students living on campus to be enrolled in a meal plan. Modification of this requirement is possible only if:

1. There is an established and verifiable medical diagnosis (see page 3 - document to be filled out by a physician) **and**
2. Your dietary requirements cannot be met within a standard meal plan

Houghton College cannot entertain dietary accommodation requests that are based on food preference, the desire to prepare one's own meals, or perceived food intolerances that cannot be medically verified. Our Dining Service provides a broad selection of high quality, healthy, well prepared foods in the dining hall, including vegetarian, vegan and gluten-free items at every meal, and can accommodate many other dietary needs within the standard meal plans.

Some questions to ask yourself if you are thinking about requesting meal plan accommodation or exemption:

- Have I explored all of the available options in the dining hall?
 - Contact Dining Services at (585) 567-9260 (Ext 2600 On Campus) or check out <http://www.houghtondiningservices.com/index.html> for help in identifying options you may not have been aware of.
- Could my dietary needs be accommodated within an existing meal plan?
- Will my request be based on dietary *need* or dietary *preference*? Houghton's residential philosophy and our dining service's ability to meet a wide variety of meal preferences mean that we will only consider requests based on needs that can't be met within an existing meal plan.
- Do I have the necessary documentation of a medical condition requiring special consideration?

Documentation that you submit must:

- Be written by someone who has the credentials and expertise in a relevant area to make the recommendation.
- Not be provided by a relative.
- Be recent.
- Provide sufficient detail about your dietary needs to allow Houghton College to make a reasonable decision regarding your request.

If you decide to submit a request for a meal plan accommodation or exception, please complete the **Application for Release from the Houghton College Meal Plan Due to Dietary Restrictions** (page 2 of this document). The application should be submitted to the Houghton College **Office of Student Life**. Please note the following:

- Each request is individually evaluated based on the merits of the supporting documentation.
- Requests may take up to four weeks to process (especially in the summer months) after all supporting documentation is received. **Requests will not be considered until supporting documentation is complete.**
- Approval of all requests is at the discretion of Houghton College. Outside physicians, regardless of their expertise, cannot know what is or is not available within the Houghton College dining programs; the treating physician's responsibility is to outline your specific dietary needs in as much detail as possible. We will then do our best, in consultation with Dining Services, to help you meet those needs. Decisions may be based on available resources.
- Once your documentation has been received and your request has been evaluated, you will be notified of the College's decision.

By completing this application you are requesting that the Student Life Office, in consultation with the Houghton College Health Center, evaluate your eligibility for meal plan accommodation, based on the medical documentation that you have provided.



Application for Release from the Houghton College Meal Plan Due to Dietary Restrictions

Name: _____ Student ID #: _____

Current Campus Address/CPO: _____

Phone: _____ Email: _____

1. I am requesting a release from the meal plan due to:

2. I am requesting this to begin as of (date or semester): _____

3. This request is the result of permanent and/or reoccurring condition and I will need to be accommodated for the remainder of the time I am a student at Houghton College:

_____ Yes _____ No

I have provided the appropriate documentation of my medical condition from my treating professional to the Houghton College Office of Student Life. I give my consent to the Office of Student Life to consult with the Student Health Center. The materials will be reviewed and the Office of Student Life is responsible for a final decision.

I acknowledge that this request applies only to my meal plan.

Student Signature

Date

Please **bring, fax or mail** this form & supporting documentation to:

Houghton College
Office of Student Life
PO Box 128
Houghton, NY 14744

Fax: 585.567.9225

Email is not considered a secure means of communicating medical information. We encourage communication in person or by phone for all medically related questions. For other general inquiries feel free to contact us at housing@houghton.edu.



Physician Document – Student Request for Meal Plan exemption

This student has requested to be exempt from Houghton College's meal plan. If you do not feel their dietary needs can be met through the school food services, please complete this form or provide a letter that includes this information.

Student Name: _____

Diagnosis: _____

Dietary restrictions: _____

Time frame you would expect the restrictions to be needed: _____

Other comments: _____

Please attach supporting documents if needed.

Physician Signature

All documentation should be sent to:

Houghton College, Office of Student Life, PO Box 128, Houghton, NY 14744 (Fax: 585.567.9225)

Reviewed by Health Center: _____

Comments:

