



Meal Plan Accommodations Instructions

At Suffolk University, we are committed to the full participation of students with disabilities in all aspects of college life, including dining experiences. All students living on campus are required to purchase a meal plan.

Occasionally, students have special dietary needs and require an accommodation to the meal plan in the form of a particular diet. Many times, these needs can be met by Sodexo, Suffolk's dining service provider. Meal plan accommodations are rare. They are made solely for documented health conditions that require special medically necessitated diets that cannot be accommodated by Sodexo.

To request specific meal plan accommodations, follow each of the steps outlined below. Meal plan accommodations requests are considered only through the **third Friday** of every semester.

Procedures for Requesting a Meal Plan Accommodation

1. Make an intake appointment with the Office of Disability Services. Students can do this by calling: 617-994-6820.
2. Fill out the *Student Meal Plan Accommodation Form*. This is found on the Office of Disability Services website: <https://www.suffolk.edu/campuslife/3804.php> and send it to Kirsten Behling at: kbehling@suffolk.edu or fax it to Kirsten at: 617-994-6812.
3. Send the *Health Care Provider Meal Accommodation Form* to a health care provider for completion. This form is available on the Office of Disability Services website: <https://www.suffolk.edu/campuslife/3804.php>. Health Care Providers should send it to Kirsten Behling at: kbehling@suffolk.edu or fax it to Kirsten at: 617-994-6812. Note the health care provider may not be a relative of the student.

Once the student has met with the Office of Disability Services, submitted the *Student Meal Plan Accommodation Form* and the *Health Care Provider Meal Plan Accommodation Form*, the Office will review the request and supporting materials and if approved provide the student with one of the following Meal Plan accommodations:

- Referral to meet with a Sodexo chef
- Placement in a residence hall with access to a semi-private kitchen
- Reduction of the cost of the meal plan
- Elimination of the required meal plan

The Office of Disability Services will let the student, the Office of Residence Life and Housing and Sodexo know of our decision as necessary.



Student Meal Accommodation Form

At Suffolk University, we are committed to the full participation of students with disabilities in all aspects of college life, including dining experiences. All students living on campus are required to purchase a meal plan.

By filling out the Student Meal Plan Accommodation Form you are seeking an accommodation to the typical meal plans that Suffolk offers. The Office of Disability Services will review this request along with your supporting documentation and interview before making any accommodations.

If you have any questions about this process, please contact Kirsten Behling at kbehling@suffolk.edu.

Date: _____

Name: _____

Student ID #: _____

Suffolk email: _____

Cell phone #: _____

Do you have a room assignment for the semester you are seeking an accommodation for? YES NO

If yes, what is your residence hall: _____ Room #: _____

What is your status in regards to meeting with the Office of Disability Services:

____ I have not made an appointment yet

____ I have an appointment on: _____

____ I have already met with them

What is the meal plan you have or will select?

____ Plan A

____ Plan B

____ Plan C

____ I do not have a meal plan or have not selected one

What is your documented disability/ medical condition (please describe the history of it and what dietary restrictions you must follow):

Provide an explanation with examples of how your disabling condition impacts your ability to participate in a Meal Plan:

Please list below the health care professional(s) you are authorizing to provide us with information about your disability and meal plan accommodation needs.

Name and Degree of Provider: _____ Telephone #: _____

Name and Degree of Provider: _____ Telephone #: _____

By my signature below, I give my consent for the Office of Disability Services to contact the provider(s) identified above for additional information as needed to assess my need for an accommodation related to the dining services available at the university.

Signature (electronic is okay)

Date