

Maine Maritime Academy

Dietary Accommodation Requests

Procedures and Documentation Guidelines

Introduction

Sodexo's Dining Services at Maine Maritime Academy offers many options to serve dietary needs. Standard food selections include those for students seeking allergy accommodated, vegetarian, vegan, and gluten free diets (to name a few). We encourage students to speak to Sodexo management team personnel and to refer to the Sodexo website to identify nutritional content:

Weekly Menus: <https://mainemaritime.sodexomyway.com/dining-choices/index.html>

Sodexo Nutrition Page: <https://mainemaritime.sodexomyway.com/health/index.html>

Students not needing formal dietary accommodations as described below can schedule an informal dietary consultation with a Sodexo management team member at any time during the semester to address questions regarding food preparation, standard ingredients, and the offerings of the various dining stations. For questions regarding available options, ingredients, or cooking methods, it is important to ask a member of the management staff.

Sodexo contact information

For questions regarding meal plan options:

Sodexo Dining Services
(207) 326-2460
dining.services@mma.edu

For other questions:

Phil Cotoni		Carly VanCamp
General Manager	OR	Administrative Assistant
(207) 326-2463		(207) 326-0257

Requesting Dietary Accommodations

Students with dietary needs or food allergies who seek meal plan accommodations must contact the Accessibility Services office and use the accompanying form. That office will work with Dining Services and Residential Life (if needed) personnel and the student to develop a dietary accommodation plan that is individualized, reasonable, and effective. Choices within this plan will be nutritionally comparable to the food choices of other students to the extent reasonably possible.

To qualify for dietary accommodation, a student must supply documentation to the Accessibility Services director at the address below. Acceptable documentation may be from a medical doctor or from an appropriately licensed dietitian, nutritionist, or allergist. The documentation should describe:

- The condition requiring the accommodation
- The current effects and severity of the condition
- A list of food types the student is to avoid with corresponding severity of reaction
- A list of acceptable food options

The director will review the documentation and place it on file in the Accessibility Services office. The director may share portions of the material with Dining Services personnel to assist in determining an acceptable accommodation. Accessibility Services will schedule an initial meeting with the student, the director, and Dining Services personnel to discuss specific needs and establish a plan; a follow-up meeting may be necessary. Due to the severity of some allergic reactions, informing appropriate staff of dietary restrictions may also be necessary.

Send or bring the documentation and request form (next page) to Joceline Boucher, Accessibility Services Director (207 326-2489; joceline.boucher@mma.edu) at:

Accessibility Services
Maine Maritime Academy
Pleasant Street
Castine, ME 04420

Request for Dietary Accommodation

To request a dietary accommodation, please provide the information below as completely as possible. Be sure to include documentation from a medical physician or other approved professional. Submit your request and supporting documentation to Accessibility Services at Maine Maritime Academy (address below). All documentation will reside in the Accessibility Services office.

The Accessibility Services director will review your request and contact you to schedule a meeting. Sodexo's Dining Services staff may be present at the meeting and will know of your dietary restriction but not of the diagnosis. A follow-up meeting may be necessary to discuss specific needs and establish a plan. To allow adequate time to arrange the accommodations, please submit requests as soon as possible.

Name: _____ Date: _____

Home Address: _____

Phone Number: _____ E-mail: _____

<p style="text-align: center;">Food Allergies and Medical Conditions (please check all that apply)</p> <p style="text-align: center;">Food Allergy is:</p> <p>[] Gluten/Wheat [] Eggs</p> <p>[] Dairy [] Soy</p> <p>[] Peanuts [] Fish</p> <p>[] Shellfish [] Tree nuts</p> <p>[] Other (please specify): _____ _____ _____ _____</p> <p>[] Gluten Intolerance</p> <p>Other medical conditions requiring dietary accommodations (please specify): _____ _____</p> <p>Do you carry a prescribed epi pen? [] Yes [] No</p> <p>Please attach supporting documents and return form to:</p> <p style="text-align: center;">Accessibility Services Maine Maritime Academy Pleasant Street Castine, ME 04420</p> <p style="text-align: center;">accessibility@mma.edu (207) 326-2489</p>	<p style="text-align: center;">Please indicate the nature of your allergy or food intolerance by circling any of the symptoms illustrated below.</p> <div style="text-align: center; margin-top: 20px;"> <h3>SEVERE SYMPTOMS</h3> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">  LUNG Short of breath, wheezing, repetitive cough </td> <td style="width: 25%;">  HEART Pale, blue, faint, weak pulse, dizzy </td> <td style="width: 25%;">  THROAT Tight, hoarse, trouble breathing/swallowing </td> <td style="width: 25%;">  MOUTH Significant swelling of the tongue and/or lips </td> </tr> <tr> <td style="width: 25%;">  SKIN Many hives over body, widespread redness </td> <td style="width: 25%;">  GUT Repetitive vomiting, severe diarrhea </td> <td style="width: 25%;">  OTHER Feeling something bad is about to happen, anxiety, confusion </td> <td style="width: 25%; vertical-align: middle;"> OR A COMBINATION of symptoms from different body areas. </td> </tr> </table> </div> <div style="text-align: center; margin-top: 20px;"> <h3>MILD SYMPTOMS</h3> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">  NOSE Itchy/runny nose, sneezing </td> <td style="width: 25%;">  MOUTH Itchy mouth </td> <td style="width: 25%;">  SKIN A few hives, mild itch </td> <td style="width: 25%;">  GUT Mild nausea/discomfort </td> </tr> </table> </div>	 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/swallowing	 MOUTH Significant swelling of the tongue and/or lips	 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.	 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/discomfort
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