Maine Maritime Academy Dietary Accommodation Requests Procedures and Documentation Guidelines

Introduction

Sodexo's Dining Services at Maine Maritime Academy has many options to serve dietary needs. Standard food selections include those for allergy-accommodated, vegetarian, vegan, and gluten free diets (among others). We encourage students to speak to Sodexo's management team personnel and to refer to the Sodexo website to identify nutritional content and allergen information posted in daily menus:

mainemaritime.sodexomyway.com/dining-near-me

(Click the Main Dining Room menu button, select a breakfast, lunch or dinner menu, scroll down menu to see the allergen code, and view the nutritional information of each menu item by clicking on its calorie content.)

Students not needing formal dietary accommodations as described below can schedule informal consultations with a Sodexo management team member, at any time during the semester, about 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) 326-2657 dining.services@mma.edu

For other questions:

Carmen Montes General Manager (207) 326-2461

Requesting Dietary Accommodations

Students with dietary needs or food allergies and that seek formal meal plan accommodations must contact the Accessibility Services office and use the form below. Accessibility Services will work with the student and with Dining Services and Residential Life (if needed) personnel to develop an individualized and effective dietary accommodation plan. The food choices in the 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 (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 Sally Chadbourne, Accessibility Services Director (207 326-2489; <u>sally.chadbourne@mma.edu</u>) at:

Accessibility Services Maine Maritime Academy 1 Pleasant Street Castine, ME 04420

Request for Dietary Accommodation

To request a dietary accommodation, please answer this form as completely as possible and 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 the 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 implement the accommodations, please submit requests as soon as possible.

Name:	Date:
Home Address:	
Phone Number:	E-mail:
Food Allergies and Medical Conditions (please check all that apply)	Please indicate the nature of your allergy or food in- tolerance by circling any of the symptoms illus- trated below.
Food Allergy is:	trated below.
[] Gluten/Wheat [] Eggs	SEVERE SYMPTOMS
[] Dairy [] Soy	
[] Peanuts [] Fish	LUNG HEART THROAT MOUTH
[] Shellfish [] Tree nuts	Short of breath, Pale, blue, Tight, hoarse, Significant wheezing, faint, weak trouble swelling of the
[] Other (please specify):	repetitive cough pulse, dizzy breathing/ tongue and/or lips swallowing
	SKIN GUT OTHER of symptoms
[] Gluten Intolerance	Many hives over Repetitive Feeling from different body, widespread vomiting, severe something bad is body areas.
Other medical conditions requiring dietary	redness diarrhea about to happen, anxiety, confusion
accommodations (please specify):	MILD SYMPTOMS
Do you carry a prescribed epi pen? [] Yes [] No	
Please attach supporting documents and re-	
turn form to:	NOSE MOUTH SKIN GUT Itchy/runny Itchy mouth A few hives, Mild nausea/
Accessibility Services Maine Maritime Academy	nose, mild itch discomfort sneezing
1 Pleasant Street	
Castine, ME 04420 accessibility@mma.edu	

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