

# PLANT-BASED LUNCH REQUEST FORM

For Use in the USDA National School Lunch Program

*This form may be used to request a plant-based lunch for a child with a preference that restricts their diet. Please note, this form should not be used to request meal modifications related to a disability (i.e., a physical or mental impairment that substantially limits one or more major life activities).*

## SECTION 1: CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

## SECTION 2: MEAL MODIFICATION INFORMATION

1. Provide a description of the child's plant-based diet.

2. Indicate any foods that must be avoided.

3. Is a non-dairy milk substitute requested?\*  Yes  No

*\*USDA regulations include nutrient standards for milk substitutes, therefore requests for brand names and varieties of non-dairy alternatives are not required to be accommodated.*

4. How many days per week will the child request a plant-based meal?\*\*  1  2  3  4  5

*\*\*This information will assist with meal planning and preparation as well as reduced food waste. Please notify the school food service of any changes as soon as possible.*

## SECTION 3: SIGNATURES

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SEND COMPLETED FORMS TO

**[Staff Name/Title]**

**[Facility Name]**

**[Email/Fax/Mailing Address]**



**SPONSOR/SCHOOL FOOD AUTHORITY USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date(s) of Follow-Up Communication\* \_\_\_\_\_


*\*Attach documentation of pertinent information received from any follow-up communication to this form.*

**Public Act 102-0761 Plant-based school lunch option:** *As a part of the school lunch program, a school district shall provide a plant-based school lunch option that complies with federal nutritional mandates to those students who submit a prior request to the school district requesting a plant-based school lunch option.*

**Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a [Form AD-3027, USDA Program Discrimination Complaint Form online](#) , or obtain the form from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **Mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **Fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **Email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

