



## HOBART AND WILLIAM SMITH COLLEGES

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### **POLICY FOR MEAL PLAN ACCOMMODATIONS**

#### **I. Scope & Purpose**

Hobart and William Smith Colleges ("HWS") is committed to the full participation of its students in all of its programs, services, and facilities. With limited exceptions, all HWS students are required to be on a meal plan. However, HWS recognizes the importance of providing reasonable accommodations for students due to a student's disability or special dietary needs. As such, HWS is committed to making reasonable modifications to its policies, practices, and procedures to permit students to fully enjoy the benefits of an HWS meal plan. This policy outlines the steps a student must take to request a meal plan accommodation.

#### **II. Food Service Options and Nutrition on Campus**

HWS is committed to providing its students with healthy options, and providing nutritional information to help students make the best choices for each individual's needs. Sodexo, HWS's food services vendor, is committed to accommodating food allergies, celiac diets, or other special dietary needs and is willing to meet one-on-one with any student who has an individual dining need in order to ensure that the student's dining experience is safe, delicious, and social. HWS provides the following readily-accessible accommodations:

1. **My Zone.** My Zone is the HWS campus "pantry" where food items needed by students with Celiac disease or nut allergies are stored and prepared with precautions against cross-contact. This area is free of tree nut, peanut and gluten-containing ingredients and products.
2. **Simple Servings.** Simple Servings is HWS's allergen-safe, dining option for students with food allergies or gluten intolerance. This station offers food free from peanuts, tree nuts, shellfish, wheat, soy, milk products, eggs, and gluten-containing ingredients. Simple Servings staff members are carefully trained to avoid cross-contact with food allergens.
3. **Gluten-Free Options.** The Simple Servings Station at Saga was designed to allow students with a gluten dietary restriction to dine comfortably in our Resident Dining Hall. This allows students to make safe choices while still having the freedom to dine in Saga. If you



## HOBART AND WILLIAM SMITH COLLEGES

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are unsure of the ingredients in an item available in Saga please ask a staff member for assistance.

4. Mindful Offerings. All Mindful offerings meet stringent nutritional criteria based on the Dietary Guidelines for Americans. Each Mindful item is limited in calories, has fewer than 30% of calories from fat, fewer than 10% of calories from saturated fat, and is restricted in sodium and cholesterol.

HWS is also pleased to provide students with a wide selection of vegetarian and vegan meals.

Students with questions or concerns about the food service options on campus, should contact Dave McCandless, General Manager at 315-781-3091.

### **III. Meal Plan Accommodations**

HWS is committed to providing reasonable modifications and accommodations to its meal plans. Virtually all student needs can be met by HWS Dining Services. However, if you do not believe your diet can be accommodated as outlined above or after consultation with a Dining Services employee, students may request a meal plan accommodation. HWS is willing to work with each student and can accommodate almost any individual student's need for a meal plan modification by working with the student and Sodexo. Thus, complete exemption from the mandatory meal plan is extremely rare and is only granted in well-documented extraordinary circumstances.

In order to request a meal plan accommodation, students must complete and submit a Meal Plan Accommodation Request Form to the Office of Disability Services ("Disability Services"). If a student's need for an accommodation is not obvious, students may also be asked to have a treating healthcare provider complete and submit a Meal Plan Accommodation Verification Form. If the documentation provided by the student or the student's healthcare provider is insufficient, Disability Services will inform the student in writing of the insufficiencies and may request additional information.

All requests for meal plan accommodations should be submitted by the following deadlines:

- Requests for housing accommodations for the fall semester must be submitted by February 15.



## HOBART AND WILLIAM SMITH COLLEGES

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- Requests for meal plan accommodations for the spring semester must be submitted by November 15.
- Requests for meal plan accommodations for Incoming First Year and Transfer students for the fall semester must be submitted by July 15.

For students who have a need for a meal plan accommodation that arises for the first time after the relevant deadline has passed, requests will be reviewed on a rolling basis. HWS will strive to meet late applicants' needs as soon as reasonably possible

NOTE: Students must re-apply for a meal plan accommodation each year. For example, if a student applies for a meal plan accommodation for the fall semester on February 15, the student will not need to re-apply for a meal plan accommodation until the following February 15. If the student's accommodation request has not changed, the renewal process is typically a brief confirmation of continued need.

### **IV. Accommodation Determinations**

Meal plan accommodations are determined on a case-by-case basis, according to documented need and prevailing standards for reasonable accommodations. A committee comprised of staff from the Office of Disability Services, Residential Education, Dining Services, and other consultants will review a student's request for accommodation and any associated documentation in order to determine an appropriate and reasonable meal plan accommodation for the student.

While HWS will engage in an interactive process with the student in order to determine an appropriate accommodation, final responsibility for the selection of the most appropriate accommodation lays with HWS. Students will be notified (in writing) by the committee regarding whether the committee has denied the student's request, granted the student's request, or is offering another reasonable accommodation.

### **V. Confidential Handling of Disability Records**

All information submitted to HWS related to the diagnosis, documentation, or accommodation of a disability is considered confidential and will not become



## HOBART AND WILLIAM SMITH COLLEGES

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part of any student record. Individuals on the committee, as well as staff members in Residential Education, will have access to all disability-related records. Access to disability records may be granted to other authorized HWS officials in the event of emergency or unusual circumstances.

### **VI. Non-Discrimination and Appealing Accommodation Determinations**

Students who believe they have been subjected to discriminatory actions on the basis of disability or who wish to appeal the decision of the committee may seek a remedy by filing a complaint in accordance with HWS's Section 504/Disability Grievance Procedure in the Community Standards.



HOBART AND WILLIAM SMITH  
COLLEGES

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**REQUEST FOR MEAL PLAN ACCOMMODATION FORM**

**PART I** (Part I is to be completed by the student seeking a mealplan accommodation).

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Student Status:**  Incoming First Year Student  
 Transfer Student      Class Year \_\_\_\_\_  
 Returning Student      Class Year \_\_\_\_\_

1. What type of meal plan accommodation are you seeking (e.g. gluten-free menu options, dairy and lactose free menu options, specialized diets for gastrointestinal needs)?

2. Do you have a physical and/or mental disability that substantially limits one or more major life activities that would be encountered in a college residential living environment (e.g. self-care, sleeping, eating, performing manual tasks, walking, or the operation of major bodily functions)? If so, identify the disability(s) and the major life activity(s) that are substantially limited by your physical and/or mental disability.



HOBART AND WILLIAM SMITH  
COLLEGES

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3. If applicable, identify the disability-related need for the meal plan accommodation requested in response to Question 1 and explain how the meal plan accommodation requested in response to Question 1 will alleviate or reduce the symptoms or effects of your disability.



HOBART AND WILLIAM SMITH  
COLLEGES

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**PART II** (Part II is to be completed by the student's treating healthcare provider).

**Provider Name:** \_\_\_\_\_

**Provider Degree:** \_\_\_\_\_

**License  
Number/State:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Student Name:** \_\_\_\_\_

1. Please describe your relationship to the student (i.e., job title; length of time treating the student; whether you are related to the student).

2. Have you examined the student in person?

Yes  No

3. How long have you known the student and on what date did you last examine the student in person?



HOBART AND WILLIAM SMITH  
COLLEGES

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4. Does the student have a physical and/or mental disability that substantially limits one or more major life activities that would be encountered in a college residential living environment (e.g. self-care, sleeping, eating, performing manual tasks, walking, or the operation of major bodily functions)? If so, identify the disability(s) and the major life activity(s) that are substantially limited by the student's physical and/or mental disability.

5. Is this condition permanent?

Yes

No

6. If the condition is not permanent, what is the anticipated duration of the condition?

7. What type of meal plan accommodation does the student need? In responding to this question, please identify how the requested accommodation alleviates or reduces the symptoms or effects of the student's existing disability.





HOBART AND WILLIAM SMITH  
COLLEGES

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8. Other than the accommodation identified in response to Question 7, are there any other accommodations that could be provided to the student in lieu of the accommodation identified in response to Question 7 that will have an equal or greater impact on alleviating or reducing the symptoms or effects of the student's existing disability?

By my signature below, I certify that statements I have made on this form are true and correct and that the student is a patient that I have been treating.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





HOBART AND WILLIAM SMITH  
COLLEGES

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**CERTIFICATION AND CONSENT TO RELEASE INFORMATION**

I certify that the statements made on this form are true and correct and that I have read the Policy for Meal Plan Accommodations. I grant Hobart & William Smith Colleges ("HWS") permission to review all documentation provided along with this form and to share the documentation with staff members in Residential Education, Dining Services, and other authorized HWS officials in order to assess whether I have a disability and/or my need for an accommodation. I further grant permission to any healthcare provider submitting documentation on my behalf in support of my request for a meal plan accommodation to speak with a representative of HWS about my request for a meal plan accommodation.

**Student Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**IN ORDER FOR YOUR ACCOMMODATION REQUEST TO BE CONSIDERED, THIS FORM  
MUST BE SUBMITTED TO THE OFFICE OF DISABILITY SERVICES.**