



## Meal Plan Accommodation Request

Before submitting a disability-related meal plan accommodation request, please note the following deadlines:

- For Spring Semester requests: **December 1st**
- For Fall Semester requests: **February 15th**
- For Incoming First-Year/Transfer requests: **July 1<sup>st</sup>**

Requests received after these deadlines will experience delays in processing.

## Policy for Meal Plan Accommodations

### Scope & Purpose

Hobart and William Smith Colleges (HWS) is committed to the full participation of its students in all 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 related 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(s).

### 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 everyone's needs. Sodexo, HWS's food services vendor, is committed to accommodating food allergies or other special dietary needs and is willing to meet one-on-one with any student to ensure that the student's dining experience is safe, delicious, and social. HWS provides the following readily accessible accommodations:



**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 nuts, peanut and gluten-containing ingredients and products

**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.

**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 are unsure of the ingredients in an item available in Saga, a staff member can assist you.

**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.

## Meal Plan Accommodations

If you do not believe your diet can be accommodated as outlined above, 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 rare.

### Request Process:

1. **Submit an Accommodation Request/Self-Report:**
  - If you have never requested disability accommodations at HWS, complete the initial Accommodation Request Form ([access here](#)).
  - If you have previously received accommodations at HWS, complete a Supplemental Request on Accommodate ([instructions here](#)).
  - Answer all questions of the Initial/Supplemental Request Form as thoroughly as possible.
2. **Meet with Disability Services** ([schedule your meeting here](#))
3. **Complete the Necessary Documents:**
  - After completing your Initial/Supplemental Request, present the Verification Form below to your provider.
  - Requests received without completed forms may not be reviewed.
4. **Upload Supporting Documents:**
  - Your provider can email the completed document to the Non-Academic Accommodation Committee (NAAC) at [NAAC@hws.edu](mailto:NAAC@hws.edu) or you can upload the completed document to your Accommodate profile.
  - To upload documents, use "Shortcuts" on the right side of the homepage.
    - Note: Forms sent via fax will not be accepted.
5. **Committee Review:**
  - The Non-Academic Accommodation Committee (NAAC) will review your documentation and determine reasonable accommodation(s).
  - The NAAC will notify you via email regarding the committee's decision once the review process is complete. The timeframe for this process may be extended at the committee's discretion.
6. **Post-Approval:**
  - If your request is approved, the Housing Department will contact you to discuss policies related to your approved accommodation(s). **Note:** An approved accommodation does not guarantee a specific housing location.



- A student may appeal the outcome of a NAAC decision to the NAAC Appeals Committee. An appeal must be submitted by the student, with updated documentation, within 14 calendar days of the date when the official decision notification was sent. Appeals will be reviewed within 5 business days. Access the NAAC Appeals Form [here](#).

Contact the NAAC at [NAAC@hws.edu](mailto:NAAC@hws.edu) with any questions about your submitted request.

## 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 part of any student record. Individuals on the NAAC 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.

## Agreements & Signatures

I have read and agree to the Meal Plan Accommodation Policy.

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

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

By signing below, I consent to allow my health care provider to share information relevant to my meal plan accommodation request with Disability Services at Hobart and William Smith Colleges for the next 60 days (about 2 months).

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

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



# Verification Form for Meal Plan Accommodation

*To be completed by a clinician*

Clinicians should have an established relationship with the patient and be qualified to make the diagnoses and recommendations relevant to meal plan accommodations.

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Diagnosis (DSM5-TR or ICD):** \_\_\_\_\_

**Level of Severity:** ☐ Mild ☐ Moderate ☐ Severe

**Date of Initial Diagnosis:** \_\_\_\_\_

**Date of Last Contact with Student:** \_\_\_\_\_

**Frequency of Meetings:** \_\_\_\_\_

**1. Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities.** Does the student's condition substantially limit their ability to function on campus?

- Yes
- No

**2. If yes, describe the current impact of the condition and specific symptoms that are substantially limiting:**

**3. How will the requested accommodation address these symptoms? Provide evidence that the accommodation has been beneficial in the past.**



**4.** Describe any treatment measures, including medication, which are currently being employed to assist with the student's disability:

**5.** Are there alternative accommodations that could address the student's disability need(s)? If so, please explain.

**6.** Provide any additional relevant information about the student's functioning within the college campus setting:



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**Clinician's Name (Printed):** \_\_\_\_\_

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

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

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

**License #:** \_\_\_\_\_

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

Please attach a copy of your business card and return this form to:

**Non-Academic Accommodation Committee**

Email: [NAAC@hws.edu](mailto:NAAC@hws.edu)