

South Dakota State University
Housing & Residential Life
Meal Plan Exemption/Accommodation
Guidelines and Process - Medical

This policy establishes the guidelines and procedures for students requesting an exemption from the South Dakota State University (SDSU) Meal Plan program. The Meal Plan Exemption Policy covers meal plans for all students that live on campus and are required to purchase a meal plan.

Students living in the residence halls at South Dakota State University are required to participate in a University-sponsored meal plans, (see South Dakota Board of Regents policy 3:6.1a). A Meal plan is not required for Meadows apartment residents who is two or more years past their high school graduation year.

SDSU Dining Services features a variety of choices intended to meet the dietary needs of the University's diverse student body. In certain situations, a student may need to request special meal plan accommodation or in the event SDSU Dining Services cannot meet the student's documented dietary or religious dietary observance, an exemption from the meal plan participation may be requested.

Please note that a meal plan exemption will only be granted when the Dining Services program cannot meet the nutritional needs of a student.

Students requesting a meal plan exemption must provide supporting documentation as set forth below. It is the responsibility of the student to obtain any and all required approvals or necessary documentation. In order for the request to be considered all required documentation must be submitted by the deadline. Incomplete requests will NOT be considered.

Meal Plan Exemption/Accommodation Process

1. To initiate the Meal Plan Exemption/Accommodation process, a student should submit a completed Meal Plan Exemption/Accommodation Request Form to the Department of Housing & Residential Life by the deadline along with the appropriate accompanying materials for requested category (finance, medical, or religious) along with the necessary documentation to support the request.
2. Once the Meal Plan Exemption/Accommodation Request Form is received, the Department of Housing & Residential Life will review this request in conjunction with Dining Services and Health Services and approve or deny the request. The student will receive communication regarding their exemption request status via their Jacks email account typically within 3-4 weeks.

FALL: The final deadline for fall semester exemption requests is the Friday following the first day of classes.

SPRING: The final deadline for spring semester exemptions requests is the Friday following the first day of classes

Important Related Information:

1. Exemptions for the following reasons will not be considered: dietary preference (e.g. vegan/vegetarian), work/class/practice schedules, or other personal preferences.
2. The health care provider must be a medical doctor MD, DO, NP or ND (correspondence from chiropractors and herbalists will not be accepted).

3. If the request is approved, the meal plan charge will be prorated from the date the decision was communicated. All charges up to that date are valid and will remain on the student's account.
4. **Failure to include required documents with the Meal Plan Exemption/Accommodation Request Form could result in a delay and/or denial of request.**
5. Requests based on medical condition must complete the Physicians Form.
6. Requests based on religious observance must complete the Religious Leader Form.
7. Requests received after the deadline(s) will not be considered until the following semester unless a medical condition or a disability arises in the interim.
8. If you submit an exemption request and the board charge has been placed on your account, understand that you are responsible for meeting all payment deadlines. It is recommended that you pay for your meal plan and if your request is approved, your account will be credited on a pro-rata basis determined by the date the exemption is approved.
9. You must reapply for a meal plan exemption each year with current documentation dated within six months of your application.
10. Please keep a copy of the documentation that you submit for your files.
11. Appeals of the decision can be made to the administrator noted below within five business days of receiving the decision. Appeals will only be considered if there is new information to present. The appeal will be reviewed within 15 business days. Appeals should be directed to:
Jennifer Novotny
Senior Director-Student Activities
University Student Union Rm 150
Brookings, SD 57007
Appeal materials may also be directed electronically to jennifer.novotny@sdstate.edu.
12. Presentation of falsified information will be considered a violation of the Student Code of Conduct resulting in appropriate disciplinary action.

Meal Plan Exemption/Accommodation FAQ

Please review the following FAQ before submitting a request:

Q: I moved off campus, do I still need a meal plan?

A: A meal plan exemption is not required – please review your housing application through your MyState portal. Here you can choose to have a commuter plan (just flex dollars) if you would like to eat on campus, or choose to not have a meal plan at all.

Q: The MyState Portal has closed the options for changing meal plans; can I submit a meal plan exemption to change my meal plan?

A: No, a meal plan exemption cannot be submitted. Students are given 30 – 45 days before the semester starts and approximately two weeks after the semester starts to change their meal plan.

Q: I am withdrawing, changing schools, or not returning for the spring semester, what do I do about my meal plan?

A: A meal plan exemption is not required – Funds remaining from the fall semester on the students who do not enroll for spring semester will NOT be refunded.

Q: I have a dietary condition and want to request a reduced or waived meal plan. How do I do this?

A: Submit the meal plan exemption/accommodation form. You must submit documentation demonstrating the medical necessity for a waiver. This documentation must be provided by a doctor's office, allergy clinic, or registered dietitian.

Q: My religious beliefs prevent me from finding options to eat with my current meal plan. Do I need to file a request?

A: Yes, a meal plan exemption/accommodation **IS** required. A written statement detailing dietary restriction associated with your sincerely held religious beliefs and a phone number from a religious leader are requested.



Meal Plan Exemption/Accommodation Request Form – Medical

Department of Housing & Residential Life

GENERAL INFORMATION		
Last Name:	First Name:	Student ID:
Email:	Primary Phone: ()	
High School Graduation Year:	Current Meal Plan	
	Residence Hall/Apartment	
Period of Request:	Exemption Type (check below):	
Indicate Request Period below with Academic Year (example 2021 – 2022 or Fall 2021 or Spring 2022):		
Academic Year	Medical Exemption	
Fall Only		
Spring Only		

AGREEMENT AND AUTHORIZATION	
<p>By signing below, you acknowledge you have read the below information and the information provided with this request is accurate.</p> <p>The University requires specific diagnostic information from a licensed health care provider. This physician must be familiar with the history and functional limitations of the student's physical status. The student must complete page one of the form below. To facilitate this process, the University student is required to complete and sign the Permission to Release Information. This signature allows the physician to provide information to the University, and allows the appropriate and qualified South Dakota State University staff members, permission to discuss the student's condition or resulting determination with the physician completing this form. The provider must complete the pages, sign, and return the completed packet to:</p> <p>Mail: South Dakota State University FAX: (605-688) 6044 Housing & Residential Life Box 2810A Caldwell Hall Brookings, SD 57007</p> <p>Student's Name: _____</p> <p>Student SDSU ID#: _____ Phone Number: _____</p> <p>Address: _____</p> <p>(Street Address/PO Box/Residence Hall and Room) (City) (State/Zip)</p> <p>I give Dr. _____ of the _____</p> <p>Medical Clinic/Center permission to release to South Dakota State University any and all relevant medical information needed for the medical release for which I am applying. I also authorize my physician to discuss my condition(s) with the appropriate and qualified SDSU personnel on an as needed basis.</p> <p>Student Signature: _____ Date: _____</p> <p>Parent/Guardian Signature (if student is under 18) _____ Date: _____</p>	

Explanation of Request for Meal Plan Exemption/Accommodation

Describe why you are requesting a meal plan exemption/accommodation. Please provide specific information:

STUDENT MEDICAL INFORMATION*(To be completed as part of a Medical Meal Plan Exemption Request)*

1. Explain the nature of your medical condition and why you believe you require an exemption from a campus meal plan. Please provide specific information related to this request.

2. When did your symptoms first begin?

3. When did you first seek treatment?

4. Are you currently being treated by a physician

☐ yes ☐ no

5. Have you been referred to a specialist?

☐ yes ☐ no**MEDICAL PROFESSIONAL INFORMATION***(to be completed by a certified medical professional as part of a Medical Meal Plan Exemption Request)*

1. Please state the student's diagnosis(es):

2. When was the student diagnosed with the above condition(s)?

3. Is this a temporary or permanent condition? If it is temporary, when is the student's expected recovery date?

4. Please describe the dietary requirements the student must follow because of their diagnosed condition. Please provide specific examples of prescribed dietary requirements.

The information I have submitted is based on professional documentation and is, to the best of my knowledge, accurate and should be taken into consideration when reviewing this student's request. I affirm that this information is not based, in any way, on any personal relationship with the student. I understand that I may be contacted for additional information should more documentation be needed.

Doctor/Health Care provider name (printed)

Clinical/Medical Center

Doctor/Health Care provider signature

Date

Doctor/Health Care provider primary phone