



196 Main Street, New Paltz, New York 12561 Phone: 845-256-4050 www.newpaltz.k12.ny.us

To accommodate the needs of lactose intolerant children, the NYS Department of Child Nutrition requires that a licensed state health care provider prescribe a substitute beverage for school meals.

Please have a licensed state health care provider complete the following form and return it to the school nurse.

To be completed by Licensed State health care provider:

This is to certify that _____ has been determined to be lactose intolerant.
You may substitute the following beverage in place of milk for school meals.

- ☐ Water
- ☐ Fruit Juice
- ☐ Other _____

Signature of licensed state health care provider: _____

Date: _____

Printed name of licensed state health care provider: _____

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](http://www.usda.gov/howtofile) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW, Mail Stop 9410
Washington, D.C. 20250-9410; or

fax:
(202) 690-7442; or

email:
program.intake@usda.gov

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