



### Office of Disability Services

The University of North Carolina at Charlotte  
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# Dining Accommodations Request Form

**Please Read:** UNC Charlotte makes reasonable dining accommodations for students with documented disability needs. **Office of Disability Services staff work in conjunction with Auxiliary Services to provide accessible on-campus dining that meets students' disability-related needs.** Requests are evaluated on a case-by-case basis and consider multiple factors. Qualified professionals can submit information on behalf of students. When dining accommodations are requested, note that the Office of Disability Services generally makes a referral to the Campus Dietitian as an initial step.

**On-Campus Dining Accommodations:** UNC Charlotte Auxiliary Services has numerous options for students with a variety of dietary needs, including vegan and vegetarian options and avoiding gluten stations. Any student may choose to meet with the Campus Dietitian to discuss dietary needs. (check with Auxiliary Services)

- Meal Plans: <https://aux.charlotte.edu/meal-plans>
- Allergy Dining and Intolerances: <https://dineoncampus.com/unccharlotte/allergy-dining-intolerances>
- Campus Dietitian: <https://charlottedining.wixsite.com/nineraseatwell/about>
- Access to a refrigerator and/or microwave can be accomplished without accommodations. Any student may bring their own or rent a MicroFridge unit through Standards for Living. For more information:
  - <https://housing.uncc.edu/campus-living/about-your-room/packing-list>
  - <https://housing.uncc.edu/campus-living/services-and-amenities>
  - <https://standardsforliving.com/school-info/uncc>

**Deadlines:** Dining accommodation requests should be submitted by May 1st for the Fall Semester and by November 1st for the Spring Semester. Requests received after the deadline will be reviewed; requests that may impact housing assignments are subject to availability.

**Submit the Entire Form: Student Section + Provider Section**

## STUDENT SECTION (to be completed by student):

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

Student ID#: \_\_\_\_\_

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

*\*Note that not including your student ID number and date of birth may delay the process*

Which semester do you request that the accommodation(s) to begin?

\_\_\_\_\_

What accommodations are necessary for you to utilize on campus dining services?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Student Consent for Release of Information

**Disability Services staff may contact my treating provider to verify the information submitted for my request and an exchange of information may need to take place. I give my permission for such communication as necessary with my treating provider named below.**

*\*Please provide the information requested below. **Sign and date the consent.** Failure to provide complete information could slow the processing of your request.*

Treating Provider Name: \_\_\_\_\_

Treating Provider Address: \_\_\_\_\_

\_\_\_\_\_

Treating Provider Phone Number: \_\_\_\_\_

I authorize the Office of Disability Services to receive information regarding my disability relative to my housing request from my treating provider.

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

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

## TREATING PROVIDER SECTION (to be completed by current treating provider):

**We work in conjunction with campus Auxiliary Services to provide accessible on-campus dining that meets students' disability-related needs. Disability is defined as a physical or mental impairment that impacts one or more major life activities. When dining accommodations are requested, the Office of Disability Services generally makes a referral to the Campus Dietitian as an initial step.**

**Please note the following:**

- Requests should have a direct link between an access issue for on-campus dining and the impacts of a student's disability.
- Diagnosis alone does not automatically qualify the student for accommodations.
- Access to a refrigerator and/or microwave can be accomplished without accommodations.
- Students have access to an app that provides a list of the day's meals and associated ingredients and nutritional information.

1. DSM-5-TR or ICD Diagnosis:

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2. Date of initial Diagnosis: \_\_\_\_\_

3. Date of most recent office visit: \_\_\_\_\_

4. Describe in detail the impact(s) of the student's disability as it relates to on-campus dining. Include the severity and duration of symptoms.

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5. What dining accommodations do you recommend as necessary to provide disability-related access to on-campus dining?

Reduced or adjusted meal plan

Access to specific diet based on disability-related dietary needs. Please describe diet you are recommending:

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- Needs close access to kitchen
- In-Unit shared kitchen (limited to suite or apartment mates)
- Student has other accessibility needs that are not listed above. Please explain below:

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6. Explain in detail how the requested accommodation(s) above relate to the student's disability. For the accommodations requested, how will each accommodation mitigate the impact of the student's disability in on-campus dining?

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7. If these accommodations are not available or are not approved, what would be the impact on the student relative to on-campus dining needs?

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## Required Provider Information: To Be Completed by Provider

By signing below, I agree that the information provided above is accurate to the best of my knowledge. I understand that these are accommodation recommendations, that they do not guarantee the student the above recommendations, and that accommodations will be determined by the University's Office of Disability Services.

Medical Provider Signature: \_\_\_\_\_

Medical Provider Name (printed): \_\_\_\_\_

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

Medical Provider License # and State: \_\_\_\_\_

Medical Provider Phone Number: \_\_\_\_\_