

# MEAL PLAN ACCOMMODATIONS REQUEST PACKET: Academic Year 2025-2026

Dear Student,

Student Accessibility Services (SAS) encourages timeliness with student requests for meal plan accommodations and strongly recommends that students submit the Housing Accommodation Request Packet (HARP) prior to the start of the Fall 2025 semester.

Determining accommodations is an interactive process between you (the student), SAS, and other relevant parties (if determined by SAS), and reviewing your request may take up to four weeks to process once all materials have been submitted. Your request will not be reviewed until the application, student intake appointment, and documentation have been received by the office. See page two for further details about timelines.

**If you have been previously granted meal plan accommodations** by Pace University SAS (NYC campus) **do not** complete this packet. [Please complete the Previously Granted Meal Plan Accommodation Memo Request Form.](#)

## General Procedure

1. Student must complete the **Disability Meal Plan Accommodations Application** and return it to SAS.
2. **Medical documentation** must be provided in the form of the *Professional Disability Assessment Questionnaire: Meal Plan* (included in this packet) **or** a letter from a qualified medical professional. The letter must be written on the provider's letterhead, signed and dated, and include the provider's license information, if applicable. **Documentation must demonstrate medical necessity and discuss the relationship of the disability to the accommodation request.**
3. **Transfer students:** If you are a transfer student and were granted a meal plan accommodation at your previous institution, you must submit a letter indicating the granted accommodation from the disability services office at the institution as part of your application.
4. As part of the interactive accommodations process, SAS staff may request to speak with your medical provider for further clarification or questions related to the documentation. You may need to sign a release with your medical provider and/or SAS. SAS will contact you prior to reaching out to the provider.
5. **You must meet with an SAS staff** to review accommodation requests and review associated policies and procedures. All materials need to be submitted to SAS before the meeting.

**Additional Information for All Students:**

If you are granted reasonable meal plan accommodations, you will receive a letter (via email) from the Student Accessibility Services confirming the granted accommodation(s). **It is then your responsibility to follow-up with Auxiliary Services as directed in this email.**

**Academic and Housing Accommodations:**

Please note that **the meal plan accommodations request process is separate from requests for academic and housing accommodations.** Additional documentation is required for academic and housing accommodations requests and will be reviewed separately from requests for meal plan accommodations. Please contact SAS staff for any questions about this process.

**Appeal Process:**

If the request is not granted, you will receive an email from SAS with details of why the request was not granted and options for next steps, including the Appeals Process. If you have questions regarding the outcome of your determination, or you would like to review documentation, you may email the office to schedule an appointment with SAS staff at [SASNYC@pace.edu](mailto:SASNYC@pace.edu).

If you have any questions, please contact the Student Accessibility Services via email ([SASNYC@pace.edu](mailto:SASNYC@pace.edu)).

### Disability Meal Plan Accommodations Application

**Instructions:** Please complete this form, in its entirety, with details regarding your request for disability meal plan accommodations.

Submit this form, along with your medical documentation to the Student Accessibility Services via scan/email ([SASNYC@pace.edu](mailto:SASNYC@pace.edu)).

Please be in touch with the Student Accessibility Services if you have any questions.

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

**U#:** \_\_\_\_\_

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

**Academic Status (circle):**

Incoming undergraduate / Undergraduate / Incoming graduate / Graduate / Transfer

**Rising year for academic year Fall 2025- Spring 2026:** 1<sup>st</sup> year   2<sup>nd</sup> year   3<sup>rd</sup> year   4<sup>th</sup> year

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

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

**Current meal plan type:** \_\_\_\_\_

**What is/are your disability(ies)?**

**Transfer students only:** Did you have meal plan accommodations at your previous institution? If so, please indicate granted accommodations. A letter from the disability services office at your previous institution must be submitted in addition to this application and medical documentation.

Previous Institution: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Granted Meal Plan Accommodations:

\_\_\_\_\_

**What meal plan accommodations are you requesting (check all that apply)?**

- Meal Plan Exemption
- Meal Plan Reduction – Commuter Student Standard Plan
- Meal Plan Reduction – Blue Residential Plan
- Meal Plan Reduction – Graduate and Law Residential Plan
- Other Accommodation Request: \_\_\_\_\_
- Other Accommodation Request: \_\_\_\_\_

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



Student Accessibility Services

STUDENT ACCESSIBILITY SERVICES  
NEW YORK CAMPUSES  
163 WILLIAM ST, 10<sup>TH</sup> FLOOR  
NEW YORK, NY 10038  
[SASNYC@pace.edu](mailto:SASNYC@pace.edu)

**Professional Disability Assessment Questionnaire: Meal Plan Accommodations Request**

Please complete form and return to the Student Accessibility Services via email to [SASNYC@pace.edu](mailto:SASNYC@pace.edu). Please provide as much as detail as possible about the student’s need for meal plan accommodations and how it relates to his or her functioning.

**Patient’s Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient’s Telephone #:** \_\_\_\_\_

**Professional’s name:** \_\_\_\_\_ **State of Licensure and License #:** \_\_\_\_\_

**Medical or other specialty:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Address 1:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Address 2:** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Date of initial contact with patient:** \_\_\_\_\_

**Dates of Treatment:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Diagnostic Code:** \_\_\_\_\_

**Severity** (please evaluate on a scale of 1-10):

(Mild) 1    2    3    4    5    6    7    8    9    10 (Severe)

**Current level of functioning and degree of impairment:**

**Interventions:**

**Medications and dosages:**

**Side effects experienced by patient:**

**Prognosis:**

**Suggested accommodations based on difficulties imposed by the disability:**

**Limitations imposed by the disability in a dining setting and how the suggested meal plan accommodations would mitigate these limitations (please be as specific as possible):**

**Rationale for the medical necessity of the meal plan accommodation based upon the disability (please be as detailed as possible):**

**Prior interventions/strategies utilized in the past to address issues related to meal plan accommodations:**

**Outcome of those interventions:**

**Other information which may be useful in determining a reasonable meal plan accommodation:**

**Signature (verifying that you are not related to the student by blood or marriage):**

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

**Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact:**

**Student Accessibility Services  
Pace University  
163 William Street, 10<sup>th</sup> Floor, New York, NY 10038  
(212) 346-1199  
[SASNYC@pace.edu](mailto:SASNYC@pace.edu)**

**PACE UNIVERSITY**  
Student Accessibility Services