



Kennedy Krieger School Food Service Program 2025-2026

Overview

Kennedy Krieger School Food Service, in compliance with the United States Department of Agriculture and Maryland State Department of Education regulations, has implemented policies and procedures to promote food safety, nutrition education and healthy nutritious meals. The Food Service Department leads the Wellness Program in promoting healthy eating and being active for now and in the future.

Meal Service

Fresh and nutritious meals are prepared on site and served daily. Breakfast meals are served in the classrooms offering the following:

- Whole grain cereal, whole grain breakfast bar or Whole Grain Muffin, Cheese stick or yogurt, milk, juice or fruit.
- Lunch is served in the cafeteria or the classroom.
 - Menus written monthly to include student favorites, different cuisines and cultural foods, and holiday and celebration foods all following USDA and MSDE requirements and regulations
 - Meal consists of an entrée, two sides, fruit and milk. Entrée and sides will feature options of different proteins, vegetables and whole grain components. (other beverage options include juice and water)

- **Monthly menus are available for the parent(s)/guardian(s) online at**

<https://myschoolmenus.com/organizations/2029>

Select the school you wish to view, and the meal period.

- Full meal status cost of Breakfast is \$2.50 and Lunch \$4.00 Milk is available for \$.45 Reduced meal status costs are \$.00 for breakfast and \$.00 for lunch.
- There are three payment options for student who are Full Pay meal status or Reduced meal status:
 - Students may bring cash for daily purchases, or for a cash deposit into their school lunch account.
 - Students may bring checks to deposit on their student lunch accounts
 - Parents may make deposits using a credit/debit card or e-check on the website

<https://kennedykrieger.familyportal.cloud>

New School Year

In July, a packet will be sent to parent(s)/guardian(s) **VIA EMAIL** containing information about forms which need to be completed for the new school year and sent to the Food Service Department. **Please make sure you have your updated emails on file with the school.**

Special Dietary Needs

The Food Service Department serves special dietary meals for students who need special modification to their meals:

- Gluten-Free Casein Free, Gluten-Free and Modified Consistency meals are provided for all students who require them
- It is required by USDA and Maryland State Department of Education that a Physician Order Form **must be** completed stating in detail the foods which are restricted from the student's diet
- Forms must be on file at Nurse's office
- Physician Order Form can be obtained from the Food Service Department or the Nurse's office.
- Forms **must be** signed by the Physician (parent's signature will not be accepted)
- Nuts are not served in any form.
- Texture-modified diets are available for students with chewing or swallowing concerns.
- The Food Service Department will accommodate food requests within its means. Requests for food changes by the parent are not accepted.
- Lactaid milk is available for Lactose intolerant diets, which is available at each meal.

Household Eligibility for Free and Reduced Priced Meal Application

The Meal Benefit Application must be completely filled out and submitted for consideration to be eligible to receive Free or Reduced meal status. An application should be sent in by the parent(s)/guardian(s) who feel that their student may qualify for free or reduced meal status.

- Last school year's meal status does not carry over for the new school year
- **Each new school year** a new application ***must*** be completed and sent to the Food Service Department for review
- If student is approved or not approved for free or reduced priced meals, the result notification letter will be sent to the parent(s)/guardian(s) **VIA EMAIL** and results will be posted to the student's food account
- The parent/guardian **will be responsible** for any food purchases made after September 31, 2025 if an application has not been received and approved.
- A Free or Reduced Meal Application can be sent in for consideration at any time during the school year.
 - Completed applications can be:
 - Mailed to: Matthew Palermo, Food Service, 3825 Greenspring Avenue, Baltimore, MD 21211
 - Faxed to 443-923-7765
 - Emailed to palermom@kennedykrieger.org
 - Online at <https://kennedykrieger.familyportal.cloud>
- Students who has a sibling attending a different school in or outside of Kennedy Krieger Schools and whose sibling has been approved for Free or Reduced meal status, the student can be on the same meal status. The Approval Letter received from the sibling's school must be sent to the Food Service Department for the student to receive the same meal status.

- **IF A STUDENT TRANSFERS FROM ANOTHER SCHOOL DISTRICT, AND HAS ALREADY BEEN APPROVED FOR MEAL BENEFITS, AN APPROVAL LETTER FROM THE SCHOOL DISTRICT IN WHICH YOU ARE TRANSFERING FROM CAN BE SENT TO THE FOOD SERVICES DEPARTMENT IN LEIU OF COMPLETING ANOTHER MEAL BENEFIT APPLICATION**
- If the letter is not received to verify the meal status, the student will continue on Full meal status until the documented letter is received.
- Parents/Guardians **will be responsible** for any food purchases made until the letter is received

Cost of Reduced price meals are

Breakfast- \$0.00 Lunch- \$.0.00 Total Breakfast and Lunch/day- \$0.00

Eligibility Certification

- Direct Certification is the process of determining a child's eligibility for free benefits based on documentation obtained directly from appropriate State or local agencies or other authorized individuals.
 - Direct certification for SNAP households must be conducted using an automated data match process.
 - If you do not receive a notification letter from Kennedy Krieger Schools, an application must be submitted
- Direct Verification is using public records as a means to verify a child's eligibility for free benefits. Local agencies are contacted to verify if a student is on SNAP, TANF and/or a Foster Child
- All families who may be eligible for free and reduced meal benefits must have a new application at the start of every school year. Meal Benefits **DO NOT** carry over from school year to school year. If we do not receive a new application by the first day of the new school year, the student meal account will be automatically changed to FULL PAY and the families will be responsible for any and all charges accrued until a new application is on file. We encourage all families to apply for meal benefits.

Student Food Account

Student Food Accounts allows the student to purchase meals without having the students pay in cash.

- All Students enrolled already have a food account. Whether or not a family chooses to use the account is up to the family. Families who pack breakfast and lunch may want to add money to their student's account for a la cart purchases such as snack or beverages, or if the students would prefer to have any of the items served in the cafeteria that day.
- Funds can be deposited on line at: <https://kennedykrieger.familyportal.cloud>. A mobile payment can be made on any mobile device

- Money may be put into the student's food account at any time by sending in a check, money order or cash.
- When sending money such as check or cash to the school to be deposited, please use the deposit money form provided to help school staff direct the payments to the appropriate student accounts.
- To ensure correct posting of funds into a student's account:
 - Make sure the student's full name is on the check or money order and sent in an envelope with the student's full name on the front of the envelope.
 - Cash should be sent in a sealed envelope with the student's full name on the front of the envelope.
- The Food Service Department is not responsible for funds sent in with a student until it is received by the Food Service staff.
- The parent/guardian will be notified when the student's Food Account is getting low which will give time to replenish the Food Account.
- Students will lose their privilege to receive school meals, if their account does not have enough money to make a purchase.
- Any check returned for insufficient funds will be charged a \$25.00 bank processing fee.
- A student's food meal account is considered low, when the available funds are between \$10.00 and \$2.50. Once the food meal account balance reaches \$0.00 or less, the student meal status will change to **Overdue**. Attempts to collect the debts will be made while we continue to serve meals, however if we do not receive prompt payment, the student may receive an alternative lunch until the balance is settled. The parent/guardian will be notified once the food meal account balances reaches \$10.00 so they may replenish the account before it becomes overdue. **No A La Cart and Additional Food Sales Will Be Allowed if the Account Balance is Negative**
- Over Due Notification letters will be sent by e-mail two times a week until accounts are settled.
- Monthly notifications will be sent to all families with account balance and history
- Self-help tutorial for setting up an account can be found at <https://youtu.be/WvE3bDCw0s4>
- Self-help tutorial for making a deposit can be found at <https://youtu.be/Si5-BXvftx0>
- Self-help tutorial for customer options can be found at <https://youtu.be/gj8483mcfng>

Cost of Full Meals:

Breakfast Meal - \$2.50 Lunch Meal - \$4.00 Total Breakfast and Lunch/day- \$6.50

Extra Milk- \$.45**Student A La Cart Sales: (High School Only)**

Students may be allowed to purchase items separately from breakfast and lunch such as snacks, treats and additional beverages. All sales must be purchased regardless of meal status (free, reduced, or full pay). Families who wish to allow their students to purchase these a la cart items should make sure there is available funds to do so in the account. If your student is eligible for free or reduced meals, that benefit only covers breakfast and lunch, it does not include additional foods or beverages. If you are on free or reduced lunch status, and would like to allow your student to purchase additional food from the cafeteria, you may do so but will need to add funds to your student's account in order to do so.

Two Hour Delay Days-

Both breakfast and lunch will be offered to students when the school is on a two-hour delay.

KENNEDY KRIEGER INSTITUTE

7/1/2025

Dear Parent/Guardian:

Children need healthy meals to learn. Kennedy Krieger School Programs offer healthy meals every school day. Breakfast costs **\$2.50**; lunch costs **\$4.00**. Your children may qualify for free meals or for reduced-price meals. Reduced-price is **\$0.00** for breakfast and **\$0.00** for lunch. Below are some common questions and answers to assist you with the application process.

If you have received a NOTICE OF ELIGIBILITY FOR FREE MEALS, do NOT complete the application, but let the school know if any children in your household are NOT listed on the NOTICE OF ELIGIBILITY FOR FREE MEALS letter you received or if you have questions, call: Matthew Palermo 443-923-7825

DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Meal Benefit Application for Free and Reduced-Price School Meals for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Complete the application online using MEAL MAGIC FAMILY PORTAL at <https://kennedykrieger.familyportal.cloud> or return the completed paper application to: Matt Palermo, Food Service, 3825 Greenspring Avenue, Baltimore, MD 21211

1. WHO CAN GET FREE MEALS? All children in households receiving benefits from the Food Supplement Program [FSP], or Temporary Cash Assistance [TCA], foster children, children certified as homeless, runaway, migrant, Head Start, Early Head Start, or Even Start receive free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.
2. WHO CAN GET REDUCED-PRICE MEALS? Your children can get reduced-price meals if your household income is within the reduced-price limits on the Federal Eligibility Income Chart.
3. I COMPLETED AN APPLICATION LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **Yes.** Your child's application is only good for that school year and for the Summer Session of this school year.
4. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
5. WILL THE INFORMATION I GIVE BE CHECKED? Yes, and we may also ask you to send written proof.

6. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
7. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Matthew Palermo, Food Service Manager 3825 Greenspring Avenue, Baltimore, MD 21211 443-923-7825 palermom@kennedykrieger.org
8. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced-price meals.
9. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, foster children, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
10. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
11. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
12. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **FSP, TCA, and medical assistance programs** or other assistance benefits, contact your local assistance office or call 1-800-332-6347.

If you have other questions or need help, call 443-923-7825

Sincerely,
Matthew Palermo, Food Services Manager

INSTRUCTIONS FOR APPLYING
Meal Benefit Application for Free and Reduced-Price School Meals

<https://kennedykrieger.familyportal.cloud>

Complete the form using the instructions below. Sign the form and return it to the school. If you need help, call (443) 923-7825

STEP 1 – STUDENT INFORMATION - ALL HOUSEHOLDS COMPLETE

List the enrolled child(ren's) first and last name and school. Indicate if a foster child, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start by checking the box. If **ALL** students listed are foster, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start, skip to Step 4.

STEP 2 – CASE NUMBER

If **any** member of your household receives benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA), write the case number in the space provided and skip to Step 4.

STEP 3 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME

- List the first and last name of everyone in your household, whether they receive income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, including foster children and any other person living in your household, related or not. List each type of income received last month and how often it is received. You must indicate how much in whole dollars, and how often received (weekly, bi-weekly, twice a month, monthly, yearly). **If a household member has no income—write '0' in the income box.**
- Report all income as **gross income**. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. Gross income includes unemployment benefits, Worker's Compensation, Supplemental Security Income and Veteran's Benefits, Social Security, private pensions or disability, strike benefits, income from trusts or estates, annuities, investment income, earned interest, rental income and regular cash payments from outside household. For self-owned business, farm, or rental income, report income as **net income**.
- If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.
- Indicate the total number of household members in the space provided.
- The form must have the last four digits of the Social Security Number of the primary wage earner or adult who signs unless the adult does not have a Social Security Number. If the

adult does **not** have a Social Security Number, check the box. The last four digits of the Social Security Number are not needed if you listed a FSP or TCA case number, or if you are only applying for foster children.

STEP 4 – SIGNATURE - ALL HOUSEHOLDS COMPLETE

All forms must have the signature of an adult household member. Mail completed form to:

Matthew Palermo

Food Service Manager

3825 Greenspring Avenue

Baltimore, MD 21211

STEP 5 – RACIAL/ETHNIC IDENTITY

You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

STEP 6 – SHARING INFORMATION WITH OTHER PROGRAMS

Check the boxes to indicate your preference for sharing or not sharing application information with the programs indicated. Your decision will not change whether your children get free or reduced-price meals.

Federal Income Eligibility Guidelines for Free Meals

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$20,345	\$1,696	\$848	\$783	\$392
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804
5	\$48,945	\$4,047	\$2,040	\$1,883	\$942
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354
For each additional family member add:	\$7,150	\$596	\$298	\$275	\$138

Federal Income Eligibility Guidelines for Reduced Price Meals

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each additional family member add:	\$10,175	\$848	\$424	\$392	\$196

Use the following procedures for evaluating household income on free and reduced-price meal applications when comparing to the Income Eligibility Guidelines (IEGs):

- ☐ If a household has only one income source, or if all sources are the same frequency, do not use conversion factors. Compare the income, or the sum of incomes, to the published IEG for the appropriate frequency and household size to make the eligibility determination.
- ☐ If a household reports income sources at more than one frequency, annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12. Do NOT round the values resulting from each conversion. Sum all the unrounded converted values and compare the unrounded total to the IEGs for annual income for the appropriate household size.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

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

Or

2. fax:

(833) 256-1665 or (202) 690-7442;

Or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.

Translated applications can be found at <https://www.fns.usda.gov/school-meals/translated-applications>

Meal Benefit Application for Free and Reduced-Price School Meals

July 1, 2025 – June 30, 2026

Complete one application per household.

Apply online:

<https://kennedykrieger.familyportal.cloud>

For more information, read **Instructions for Applying** or call or email **Matthew Palermo (443) 923-7825**

PalermoM@kennedykrieger.org

Step 1	List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).
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Children in Foster Care and children who meet the definition of Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start are eligible for free meals. If all enrolled children meet the definition of Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start, complete Step 1 then skip to Step 4.

First and Last Names of All ENROLLED Children	Check (✓) all that apply:						OPTIONAL	
	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start	School Name	Grade

Step 2	Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)? Circle one: Yes No
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If you answered **NO**, complete Step 3.

If you answered **YES**, provide a case number

Case

Number:

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then go to Step 4

Step 3	Report Income for ALL Household Members (skip this step if you answered YES to Step 2)
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List all Household Members (including yourself) even those who do not receive income. For each Household Member who receives income, report total income and how often for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is not income to report.

How often = Weekly, Bi-Weekly, Twice a Month, Monthly, Yearly.

First and Last Names of ALL Household Members	Earnings from Work		Child Support, Alimony, Public Assistance		Pensions, Retirement, Other Income	
	Income	How Often?	Income	How Often?	Income	How Often?

Total Household Members (Children and Adults):

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Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

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Check if No SSN:

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Step 4	Contact information and Adult Signature	Mail completed form to: Matthew Palermo, 3825 Grenspring Ave, Baltimore, MD, 21211
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I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and federal laws. I understand my child's eligibility status may be shared as allowed by law.

Printed Name:		Signature:	
Street Address:			
Date:		Phone #:	

Step 5

OPTIONAL: Children’s Racial and Ethnic Identities

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section does not affect your children’s eligibility for free or reduced-price meals.

Ethnicity (Check One):

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (Check one or more):

- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ White
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander

Step 6

Sharing Information with Other Programs

The eligibility status of your children may be used for other authorized purposes, shared with local Title I officials, and used for National Assessment of Educational Progress analyses. Your family may also be eligible to receive benefits under FSP or the Women, Infants, and Children (WIC) Program.

To share your information with these programs, **we must have your permission.** Your decision will not change whether your children receive free or reduced-price meals. If you want information shared with FSP or WIC, check (v) the YES box below. You may be contacted about submitting an application for the FSP or WIC.

- ☐

YES, I want information shared from the Free and Reduced-Price Meal Benefit Application with
- ☐

FSP
- ☐

WIC
- and/or

Children eligible for free or reduced-price school meals may also be able to get free or low-cost health insurance through Medicaid or the MD Children’s Health Insurance Program (MCHIP). The law allows us to inform Medicaid and MCHIP that your children are eligible for free or reduced-price meals, unless you say NO. Your decision will not change whether your children receive free or reduced-price meals. If you do **NOT** want information shared with Medicaid or MCHIP, check (v) the NO box:

☐

SOURCES AND EXAMPLES OF INCOME For additional information on income, please refer to the instructions that accompany this application. Sources of Income Earnings from Work Public Assistance/Alimony/ Child Support Pensions/Retirement/ All other sources of income • Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for of-base housing, food, and clothing • Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits • Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household Examples of Income for Children • A child has a regular full or part-time job where they earn a salary or wages • • A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

Kennedy Krieger School

Food Service Program

Student Special Dietary Needs for 2025-2026

The Food Service Department furnishes meals to students with special dietary needs including:

Modified Consistency – the need for different textures of food items for the safety of the student while eating. The school serves the following textures:

- **Chopped** – Food will be chopped into bite sized pieces
- **Ground** – Food will be soft or small enough to swallow with little to no chewing
- **Pureed** – Food will have a smooth texture similar to pudding.
- **Thicken Liquids** – Food will have “Thick-it” powder, is used for thickening liquids and prepared by trained school staff.

Allergies – The need for certain foods to be omitted from a student’s diet to avoid having an allergic reaction, which can be life-threatening.

Intolerances – The need to avoid food items that cause adverse reaction when eaten

Special Diet Plans – The student is placed on a special diet to meet his/her nutritional needs

- Gluten Free
- Casein Free
- Vegetarian
- Vegan

The Maryland State Department of Education requires a completed physician’s form (attached) to be filled out and on file at the student’s school. The form must be resubmitted every school year. A student’s special dietary needs will be followed according to the physician’s orders.

Any changes to a student’s existing diet during the school year must be documented in writing by a physician. Special requests concerning a student’s diet must be presented in writing from a physician to be considered valid. A student’s parent/guardian will receive a monthly menu.

Menus cannot be submitted to be followed for an individual student.

KENNEDY KRIEGER SCHOOLS

Diet Modifications for Meals at School for Children with a Food Allergy or Disability

SCHOOL YEAR 2025-2026

Date: _____

Name of Student: _____

DOB: _____

DIAGNOSIS OF Disability, Food Allergy or Intolerances that requires the student to have a diet modification:

How does the **disability restrict the diet**:

_____?

Brief description of the **major life activities affected** by the disability:

FOODS TO BE OMITTED and SUGGESTED SUBSTITUTIONS:

Please check the food group(s) to be omitted. List specific foods to be omitted and suggest substitutions.

Use the back of this form or attach additional information as needed.

FOODS TO OMIT

SUGGESTED SUBSTITUTIONS

() Milk/Dairy Products _____

() Allergy () Intolerance

() Eggs/Egg Products _____

() Wheat/Wheat Products _____

() Soy/Soy Products _____

() Peanuts _____

() Tree Nuts _____

() Fish _____

() Shellfish

() Other _____

MODIFICATED CONSISTENCY DIETS:

Textures allowed: () Chopped () Ground () Pureed- Purchased pureed food served only

Thicken Liquids Consistency: () Nectar () Honey () Pudding () Other:

Feeding Equipment:

DETAILED INFORMATION REGARDING DIET OR FEEDING:

I certify that the above named student needs diet modifications as described above because of the student's disability or food allergy:

Licensed Physician's Signature:

Office Phone:

Fax Number:

Physician's Printed Name:

I understand that if my child's medical needs change; it is my responsibility to notify the school and to provide an updated Diet Modification Form completed by the physician. I give my permission to share the information on this form with the individuals who take part in the care of my child during the school day.

Parent/Guardian's Signature:

Date:

Phone:

Mail to: Attn: Nursing Office
Kennedy Krieger High school
3825 Greenspring Avenue
Baltimore, MD 21211

Phone: 443-923-7825

Reviewed by School Nurse: _____ Date: _____

In accordance with the Maryland State Department of Education Management and Operations Memorandum #16 (4/00)

Kennedy Krieger Food Service Program

Parent Permission to Serve Meals at School 2025-2026

Please complete and return this form. Any parent(s)/guardian(s) who would like to have restrictions on their student's meals **MUST** have this form on file.

Parent will be responsible for any meals purchased.

Tell us how we should handle your Student's meals at school.

- _____ I **will pay** the cost for any **breakfast meals** served to my student during the school year.
- _____ I **will pay** the cost for any **lunch meals** served to my student during the school year.
- _____ I **will pay** the cost **for breakfast and lunch meals** served to my student during the year.
- _____ I **will not pay** for any meals. **Please do not serve** my student school **meals**.
- _____ I **will not pay** for any meals **UNLESS I GIVE TEMPORARY PERMISSION. Please do not serve** my student school **meals**

UNLESS I REACH OUT TO THE SCHOOL TO ALLOW PERMISSION FOR THE DAY

- _____ I **am submitting** a **Free and Reduced-Price Meal Benefit Application for 2025-2026 School Year (attached)** for consideration for free or reduced priced meals. ***A new application MUST be completed each year. Until the application has been approved I will assume responsibility for the cost of food purchases.*** Benefits can be retroactive, and if you already had an application on file, its simply a matter of updating the application.
- If any other family member attends a different school and has received an approval letter for Free or Reduced-Price Meals, a copy of the letter must be submitted to Kennedy Krieger Food Service in order for your student to receive the approved Free or Reduced-Price Meals. We do not receive any meal eligibility information from other schools.***

- ❖ If you wish, you may send a packed meal and drink with your student each day. Milk is also available to purchase for **\$0.45**
- ❖ Reduced-Price Meals costs are **\$.00** for breakfast and **\$.00** for lunch. A student food account must have funds available for meal payments.
- ❖ Full Price Meals students must have a food account and funds available to be able to purchase meals. **Cost of meals: Breakfast-\$2.50 Lunch-\$4.00**
- ❖ Please fill out the Deposit Form (attached) and submit the form with payment to set up a food account or replenish any existing account. Follow the instructions on the Deposit Form for making payments. **Deposits can be made by credit card or check on-line at:**
<https://kennedykrieger.familyportal.cloud>

I have read and understand the policies concerning your meal program.

Student's Full Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian E-Mail address: _____

For additional information, please contact the Manager of Food Services:

Matthew Palermo: 443-923-7825

Fax to: 443-923-7765

E-Mail: palermom@kennedykrieger.org

Kennedy Krieger Food Service Program Account Deposit Form

Date_____

Student's First Name_____

Student's Last Name_____

Phone Number_____

Amount of Check or Money Order_____

Parent's/Guardian's Email Address_____

Please return the Deposit Form to ensure there are funds available in your child's food account. To ensure payments are deposited into the correct student's accounts:

- **Cash:** Send in sealed envelope with student's full name on envelope.
- **Check or Money Order:** List the student's full name on the check or money order, then place in envelope, seal, and put student's full name on the envelope.
- Check or Money Order should be made payable to Kennedy Krieger Institute
- **Deposits** can also be made on-line at <https://kennedykrieger.familyportal.cloud>

Cost of Full Meals:

Breakfast Meal - \$2.50 Lunch Meal - \$4.00 Total Breakfast and Lunch/day- \$6.50

Extra Milk- \$.45

Payment can be sent into school with student or mailed to 3825 Greenspring Avenue, Baltimore MD 21211

Weekly notices are sent to parents/guardians when their student's account balance is low or overdrawn.

Any check **returned for insufficient funds will be charged \$25.00** for processing by Kennedy Krieger Institute

Civil Rights Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, 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
Washington, D.C. 20250-9410

fax:

(202) 690-7442; or

email: program.intake@usda.gov.

Complaints received on site will be forwarded Matthew Palermo, Food Services Manager, and then forwarded to MSDE for resolution. Complaints will not be resolved internally.

This institution is an equal opportunity provider.

The Maryland State Department of Education does not discriminate on the basis of age, ancestry/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, or sexual orientation matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated

youth groups. For inquiries related to Department policy, please contact: Agency Equity Officer, Equity Assurance and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education, 200 W. Baltimore Street - 6th Floor, Baltimore, Maryland 21201-2595, 410-767-0426 – voice, 410-767-0431 – fax, 410-333-6442 - TTY/TDD.