



BELLARMINE UNIVERSITY  
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DEPARTMENT OF HOUSING AND RESIDENCE LIFE

## Meal Plan Exception Information & Application

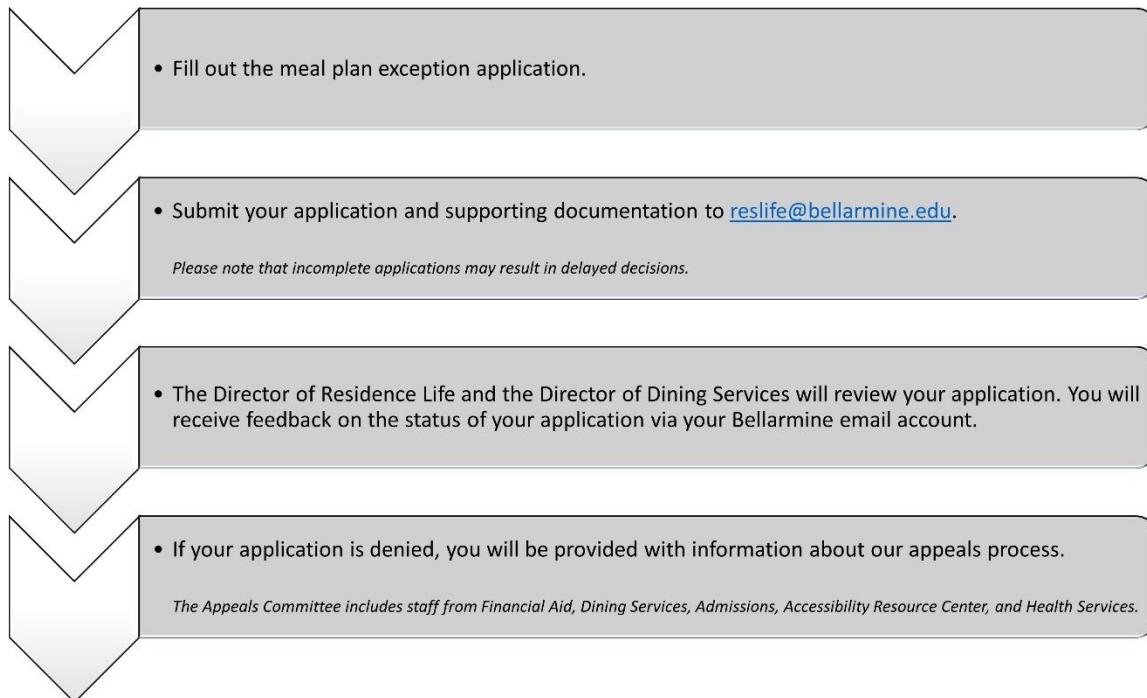
### Bellarmino University Residential Living Policy (Meal Plans):

**All residential students are required to have a meal plan during each contract year.** Once a student has signed a Residence Hall and Meal Plan Contract, changes to that contract are granted based on extenuating circumstances only.

### Meal Plan Exception Application Process

The Director of Housing and Residence Life, in collaboration with the Director of Dining Services, reviews all meal plan exceptions as they are received. Requests are not final until they are approved. If an exception is granted, the student will only be refunded as detailed in the housing and meal plan contract.

Residents who wish to request an exception from our meal plan requirement should follow these steps:



**The review of your application will include a required meeting with the Director of Dining Services.** The Director will contact you to schedule that meeting.

Updated August 2022

# Meal Plan Exception Application

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

Classification: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Requesting exception beginning in:     Fall \_\_\_\_\_     Spring \_\_\_\_\_

Reason for request:                       Medical/Dietary  
     Financial Hardship  
     Religious Dietary Observance

Please see the checklist on the following page for instructions on what supporting documentation is required for each type of request.

*I certify that my reasons for making this request are true and understand that falsification of any material submitted in support of this request is a violation of the Code of Student Conduct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Required Supporting Documentation**

**Your exception application must be accompanied by supporting documentation.**

Failure to provide the appropriate supporting documentation may result in delays to your application's review.

### **Medical/Dietary**

You must provide recent documentation from the student's attending physician (dated within the past 90 days), along with:

- a completed Provider Report Form AND
- an Authorization for Release of Confidential Information (to allow Housing and Residence Life personnel to speak with the provider of medical services, if necessary).

Supporting documentation must include identification of the student's medical condition, and an explanation of the specific dietary requirements necessary to meet the needs of the identified medical condition.

### **Financial Hardship**

Financial savings is not a valid request for a financial hardship exception. You must provide evidence of a significant change in your financial situation since the original contract was submitted. This might include:

- Letter of explanation (to provide context for the financial data, and information about your circumstances that may not be obvious or fully evident in your financial data)
- Your award of financial aid from the university or a summary of the financial aid you receive (loans, grants, scholarships, parental assistance, employment)
- Evidence of loss of income (such as layoff or termination information, or extensive medical expenses)

Supporting documentation must also include a completed Financial Hardship Worksheet.

### **Religious Dietary Observance**

This is for students who are committed to practicing a religion that requires a restricted diet. You must provide a letter explaining:

- the significance of the religious dietary observance and the dietary guidelines of your religious observance; and
- what food/food items must be avoided and why such dietary needs cannot be provided through a meal plan.

## Provider Report Form for Medical/Dietary Exceptions

*This form is to be completed by the student's physician/mental healthcare provider and either faxed to 502-272-7019 or mailed directly to Bellarmine University Housing and Residence Life Office, 2001 Newburg Rd., Louisville, KY 40205. Attention: Lindsey Gilmore, Director of Housing & Residence Life.*

**Physician/Therapist Name:** \_\_\_\_\_

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

**Date of First Visit:** \_\_\_\_\_ **Date of most recent visit:** \_\_\_\_\_

Please provide your professional judgment in response to the following questions regarding the student named above. In order for the Director to objectively evaluate the need for housing or dining exception requests, please provide detailed information related to the medical/psychological condition of the student.

**Please send a written assessment on clinical letterhead, which includes the initial on-set of the condition, type, frequency and severity of symptoms, and treatments or medications necessary to alleviate symptoms. In addition, please outline the type of living environment, dietary restrictions, special dietary needs, or any additional amenities that the student might need in order to enhance their quality of living and/or meet their needs.**

The written assessment and this document may be mailed or faxed as noted above.

**In addition, please answer the following questions below:**

\_\_\_ Yes \_\_\_ No      Has there been a substantial decline of the student's original medical/psychological condition within the last three months?

If yes, please check any or all the following observations within the last three months:

- \_\_\_ Increase in the number of symptoms
- \_\_\_ Increase in the severity of symptoms
- \_\_\_ Persistence of symptoms
- \_\_\_ Decreased functional impairment
- \_\_\_ Increase in the subjective level of client distress

\_\_\_ Yes \_\_\_ No      If applicable, has the student been tested for allergies as part of their evaluation of the above?

If yes, please provide date of testing and attach results.

Please note:

- Food allergies require a detailed list be submitted of the food items that the student can/cannot tolerate.
- Allergies resulting in rhinitis or bronchial asthma require recommendation for appropriate living environment (i.e. air-conditioning, controlled environment, air purifier, etc.)

**Authorization for Release of Confidential Information**

**Student Name:** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Physician/Therapist Name:** \_\_\_\_\_

**Physician/Therapist Contact Phone#** \_\_\_\_\_

In order for the Director of Housing and Residence Life and the Appeal Committee (if applicable) to objectively evaluate your exception request, additional details might be needed from your health care provider. By signing this form, you understand that your health care provider has the right to disclose any information directly to the Housing and Residence Life Office that is necessary to assist with the exception review process.

This authorization shall remain in effect for:

\_\_\_ Thirty (30) days      \_\_\_ Sixty (60) days      \_\_\_ Ninety (90) days

- I understand that the information used or disclosed as a result of this authorization may be re-disclosed by the recipient and is no longer protected by HIPAA Privacy Rules.
  
- You have the right to revoke this authorization, in writing anytime by sending written notification to the Director of Housing and Residence Life.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date