

Limited English Proficiency Taglines Cover Page

Insert local phone numbers below where a parent who is not proficient in English and/or is hearing impaired could call to get access to program information. This should be available at the school or district level where a parent can go to get any vital information about their child's education experience.

ATTENTION: If you speak another language other than the printed one, language assistance services, free of charge, are available to you. Call 1-781-259-9400 ext. 4306

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Mandarin Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電
Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните
Haitian Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.



I Speak Statements

<input type="checkbox"/> Unë flas shqip (Albanian)	<input type="checkbox"/> N a po Klào Win. (Kru)
<input type="checkbox"/> አማርኛ እናገራለሁ (Amharic)	<input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)
<input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic)	<input type="checkbox"/> Yie gorngv Mienh waac. (Mien)
<input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian)	<input type="checkbox"/> म नेपाली बोल्छु (Nepali)
<input type="checkbox"/> আমি বাংলা ভাষী। (Bengali)	<input type="checkbox"/> Mówię po polsku . (Polish)
<input type="checkbox"/> Ja govorim bosanski jezik (Bosnian)	<input type="checkbox"/> Eu falo Portugês . (Portuguese)
<input type="checkbox"/> ကျွန်ုပ်တို့ မြန်မာစကား ပြောသည်။ (Burmese)	<input type="checkbox"/> ਦਿ ਸ੍ਰਮਾਕ ਪੰਜਾਬੀ (Punjabi)
<input type="checkbox"/> 我说中文 (Chinese Simplified)	<input type="checkbox"/> Cunosc limba Română . (Romanian)
<input type="checkbox"/> 我說中文 (Chinese Traditional)	<input type="checkbox"/> Я говорю по-русски . (Russian)
<input type="checkbox"/> Ja govorim hrvatski . (Croatian)	<input type="checkbox"/> Ou te tautala faaSamoa . (Samoan)
<input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi)	<input type="checkbox"/> Govorim srpski . (Serbian)
<input type="checkbox"/> Je parle français . (French)	<input type="checkbox"/> Waxaan ku hadlaa Somali . (Somali)
<input type="checkbox"/> Je parle le Français haïtien (French Creole)	<input type="checkbox"/> Yo hablo español . (Spanish)
<input type="checkbox"/> Μιλάω ελληνικά . (Greek)	<input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese)
<input type="checkbox"/> ຂ້ ກູຊຮາຕີ ພໍເລ ຍູ່ (Gujarati)	<input type="checkbox"/> Marunong po akong magsalita ng Tagalog . (Tagalog)
<input type="checkbox"/> Mwen pale Kreyòl . (Haitian Creole)	<input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai)
<input type="checkbox"/> म हिंदी बोलता हूँ (Hindi)	<input type="checkbox"/> እነ ትግርኛ ይዳረብ እየ. (Tigrinya)
<input type="checkbox"/> Kuv hais lus hmoob . (Hmong)	<input type="checkbox"/> Я розмовляю українською . (Ukrainian)
<input type="checkbox"/> Ana m a sụ Igbo (Igbo)	<input type="checkbox"/> میں اردو بولتا/ بولتی ہوں۔ (Urdu)
<input type="checkbox"/> Parlo Italiano (Italian)	<input type="checkbox"/> Tôi nói tiếng Việt . (Vietnamese)
<input type="checkbox"/> 私は 日本語 を話します (Japanese)	<input type="checkbox"/> יידיש רעדן איך (Yiddish)
<input type="checkbox"/> Mi chat Jamiekan langwjjj (Jamaican Creole)	<input type="checkbox"/> Mo gbọ Yoruba (Yoruba)
<input type="checkbox"/> ykt ၵၢၢၤ ၵၢၢၤ (Karen)	
<input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)	
<input type="checkbox"/> 본인의 모국어는 한국어 입니다 (Korean)	
<input type="checkbox"/> ئە ز زمانێ کوردی دە ناخفم. (Kurdish)	

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Student Name: _____

School: _____

Grade: _____

Meal Modification Request Form

Student Name	School	
What Food(s) Should be Avoided:	Recommended Substitutions:	
Brief Explanation of How Exposure to the Food(s) Effects the Child:		
Are There Any Other Modifications to the Meal Needed:		
Signature of Parent/Guardian	Printed Name	Date
Signature of Medical Authority	Printed Name	Date

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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: [How to File a Complaint](#), 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.

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