

Attachment A:

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 [insert language], language assistance services, free of charge, are available to you. Call _____ (TTY: _____).

<p>Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al _____ (TTY: _____).</p>
<p>Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số _____ (TTY: _____).</p>
<p>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 _____ (TTY: _____).</p>
<p>Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para _____ (TTY: _____).</p>
<p>Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните _____ (TTY: _____).</p>
<p>Haitian Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele _____ (TTY: _____).</p>



I Speak Statements

<input type="checkbox"/> Unë flas shqip (Albanian)	<input type="checkbox"/> N̄ 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"/> ကျွန်ုပ်တို့ပြောတာက ပြဝဠာ။ (Burmese)	<input type="checkbox"/> ਇ ਸ੍ਰਬਾਕ 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"/> ຂໍ ງຸજરાતી બોલુ છું (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"/> मैं हिंदी बोलता हूँ (Hindi)	<input type="checkbox"/> እነ ትግርኛ ይዘረብ 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"/> רִאשׁוֹן (Yiddish)
<input type="checkbox"/> Mi chat Jamiekan langwjjj (Jamaican Creole)	<input type="checkbox"/> Mo gbọ Yoruba (Yoruba)
<input type="checkbox"/> ykt ṣqhlil ḏ (Karen)	
<input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)	
<input type="checkbox"/> 본인의 모국어는 한국어 입니다 (Korean)	
<input type="checkbox"/> ئە ز زمانێ کوردی دە ئاخفم. (Kurdish)	

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Student Name: _____

School: _____ Grade: _____

Meal Modification Request Form

Child/Participant Name		School/Organization
What Food(s) Should be Avoided:		Recommended Substitutions:
Brief Explanation of How Exposure to the Food(s) and/or Disability Affects the Participant:		
Are There Any Other Modifications to the Meal Needed (including texture modifications)?		
Infants (0-12 months): What formula is medically required for infant in lieu of standard Iron Fortified Infant Formula? (Please provide name/brand)		
Signature of Parent/Guardian	Printed Name	Date
Signature of Medical Authority	Printed Name	Date

This form contains the information required to process a meal modification request. Any document signed by an authorized medical authority in Massachusetts stating: What foods to avoid, recommended substitutions and a brief explanation of how exposure to the food affects the person can be used in place of this specific form.

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/ad-3027.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

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