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 508-854-8400 (TTY: 508-854-8400).

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüí stica. Llame al 508-854-8400 (TTY: 508-854-8400).
Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số ___ 508-854-84(TTY: 508-854-8400).
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**508-854-8400 (TTY: 508-854-8400).
Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 508-854-8400 (TTY: 508-854-8400).
Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 508-854-8400 (TTY: 508-854-8400).
Haitian Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele508-854-8400 (TTY: 508-854-8400).

I Speak Statements

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

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Student Name: _____

School: _____ Grade: _____

OFFICE FOR FOOD AND NUTRITION PROGRAMS
Fueling the Commonwealth

MASSACHUSETTS Department of Elementary and Secondary Education

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 is form contains the information required to process a meal modification request. Any document signed by a authorized medical authority in Massachusetts stating: What foods to avoid, recommended substitutions and a brief explanation of how exposure to the food effects 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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