

<p>Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-978-544-2542; 8 (TTY: 1-800-877-8339).</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 1-978-544-2542; 8 (TTY: 1-800-877-8339).</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 1-978-544-2542; 8 (TTY : 1-800-877-8339)</p>
<p>Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-978-544-2542; 8 (TTY: 1-800-877-8339).</p>
<p>Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-978-544-2542; 8 (телетайп: 1-800-877-8339).</p>
<p>Haitian Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-978-544-2542; 8 (TTY: 1-800-877-8339).</p>
<p>Urdu</p> <p style="text-align: right;">دھیان دیں:</p> <p>اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی معاونت کی خدمات مفت دستیاب ہیں۔ 1-978-544-2542-8 پر (TTY: 1-800-877-8339)۔ کال کریں اور رسائی کوڈ درج کریں</p>
<p>Khmer ភាសាខ្មែរ សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-978-544-2542; 8 (TTY: 1-800-877-8339) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។”</p>

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I Speak Statements

<input type="checkbox"/> Unë flas shqip (Albanian)	<input type="checkbox"/> N̄ a po Klào Win. (Kru)
<input type="checkbox"/> አገርኛ እናገራለሁ (Amharic)	<input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າພາສາລາວ. (Lao)
<input type="checkbox"/> أنا أتكلم 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 Portugêš. (Portuguese)
<input type="checkbox"/> ကျွန်ုပ်တို့ပြောသောစကားပြောသည်။ (Burmese)	<input type="checkbox"/> ਇ ਸ੍ਰੋਅਨ 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"/> Μιλώ ελληνικά. (Greek)	<input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese)
<input type="checkbox"/> હું ગુજરાતી બોલું છું (Gujarati)	<input type="checkbox"/> Marunong po akong magsalita ng Tagalog. (Tagalog)
<input type="checkbox"/> Mwen pale Kreyòl. (Haitian Creole)	<input type="checkbox"/> ประเทศไทย ภาษาไทย (Thai)
<input type="checkbox"/> म हिंदी बोलता हूँ (Hindi)	<input type="checkbox"/> እነ ትግርኛ ይዘረብ እዩ. (Tigrinya)
<input type="checkbox"/> Kuv hais lus hmoob. (Hmong)	<input type="checkbox"/> Я розмовляю українською. (Ukrainian)
<input type="checkbox"/> Ana m a su 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"/> יִיִדִישׁ אָדער יִיִדיש (Yiddish)
<input type="checkbox"/> Mi chat Jamiékan langwíj (Jamaican Creole)	<input type="checkbox"/> Mo gbọ Yoruba (Yoruba)
<input type="checkbox"/> ယက် ကချင်နီ ဟ (Karen)	
<input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)	
<input type="checkbox"/> 본인의 모국어는 한국어입니다 (Korean)	
<input type="checkbox"/> نه ز زمانێ کوردی ده ناخهم. (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 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.

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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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