



Limited English Proficiency Taglines Cover Page
vicenteim@yahoo.com

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-508.790.6445, ext. 1753. (TTY: 1-508.790.6445).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-508.790.6445, ext. 1753.(TTY1-508.790.6445).

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 1-508.790.6445, ext. 1753. (TTY : 1-508.790.6445.。

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-508.790.6445, ext. 1753. (TTY: -1-508.790.6445.)

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-508.790.6445, ext. 1753. (телетайп: 1-508.790.6445.)

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-508.790.6445, ext. 1753.(TTY: 1-508.790.6445)



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"/> ຂໍ ງູજરાતી 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"/> 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 (Yiddish)
<input type="checkbox"/> Mi chat Jamiekan langwjjj (Jamaican Creole)	<input type="checkbox"/> Mo gbọ Yoruba (Yoruba)
<input type="checkbox"/> ykt ၵကရင်စကား (Karen)	
<input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)	
<input type="checkbox"/> 본인의 모국어는 한국어 입니다 (Korean)	
<input type="checkbox"/> نه ز زمانى كوردى ده ناخفم. (Kurdish)	

USDA is an equal opportunity provider and employer.

Student Name: _____

School: _____

Grade: _____

Community Eligibility Provision Notice of Direct Certification - FREE

Dear Parent/Guardian:

Barnstable Public Schools is pleased to announce our participation in the district wide Community Eligibility Provision (CEP) of the National School Lunch Program. This special provision allows our school(s) to provide breakfast and lunch at no cost for all students, and families are no longer required to complete an application to access meal benefits.

School districts are still required to conduct Direct Certification and notify households of the results. This notification is to let you know that your child has qualified for free meals based on Direct Certification.

The child(ren) listed below will receive free meals at school. Students are eligible if they:

- receive MA SNAP, MA TAFDC or
- receive Medicaid AND has a family income as measured by the Medicaid Program that does not exceed NSLP income guidelines or
- live in a household with a child that receives Medicaid AND has a family income as measured by the Medicaid Program that does not exceed NSLP income guidelines

If there are other children in your household who aren't listed, they also qualify for free meals.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling Project Bread's FoodSource Hotline at 1-800-645-8333 and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect:

<https://dtaconnect.eohhs.mass.gov/apply>

Name of Child	Name of School

Please contact **Dave Badot at 508-778-0563** or Badot_dave@mybps.us if there are other children in your household who are not listed above and you would like them to receive free meals at school OR you do not want your children to receive free meals. If you should have any additional questions, please contact us.

Dave Badot

Director of Food Service

Badot_dave@mybps.us 508-778-0563

Sincerely,

David W Badot

Non-Discrimination Statement:

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

Community Eligibility Provision Notice of Direct Certification - FREE

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

This institution is an equal opportunity provider.

Community Eligibility Provision Notice of Direct Certification – REDUCED PRICE

Dear Parent/Guardian:

Barnstable Public Schools is pleased to announce our participation in the Community Eligibility Provision (CEP) of the National School Lunch Program. This special provision allows our school(s) to provide breakfast and lunch at no cost for all students, and families are no longer required to complete an application to access meal benefits.

School districts are still required to conduct Direct Certification and notify households of the results. This notification is to let you know that your child has qualified for reduced price meals based on Direct Certification.

If there are other children in your household who aren't listed, they also qualify for reduced price meals. Eligible students either:

- receive Medicaid or
- live in a household with a child that receives Medicaid AND has a family income as measured by the Medicaid Program that does not exceed NSLP income standards.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for reduced price school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling Project Bread's FoodSource Hotline at 1-800-645-8333 and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect:

<https://dtaconnect.eohhs.mass.gov/apply>

Name of Child	Name of School

Please contact **Dave Badot** at **508-778-0563** or **Badot_dave@mybps.us** if there are other children in your household who are not listed above and you would like them to be qualified for reduced price meals.

Dave Badot

Director of Food Service

Badot_dave@mybps.us 508-778-0563

Sincerely,

David W Badot

Non-Discrimination Statement:

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.

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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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This institution is an equal opportunity provider.

Sharing Information with Medicaid/CHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.* Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Dave Badot at 508-778-0563** or **Badot_dave@mybps.us**.
Return this form to: **744 West Main St Hyannis MA 02601** by **10/16/23**.

Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other school based programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Transportation**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Athletics**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with Other_____

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Dave Badot at 508-778-0563** or **Badot_dave@mybps.us**.
Return this form to: **744 West Main St Hyannis MA 02601 by 10/16/23**.