

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 1-413-685-1017 (TTY: 1-413-685-1017).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-413-685-1017 (TTY: 1-413-685-1017).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-413-685-1017 (TTY: 1-413-685-1017).

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 1-413-685-1017 (TTY : 1-413-685-1017) 。

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-413-685-1017 (TTY: 1-413-685-1017).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-413-685-1017 (телетайп: 1-413-685-1017).

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-413-685-1017 (TTY: 1-413-685-1017).



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"/> ကျွန်တော်တို့ 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: _____

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 **Amber Boutilier** at **413-685-1005** or e-mail: **aboutilier@grsd.org**
Return this form to: **12 Littleville Rd. Huntington, MA 01050** by **9/12/2025**.

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 **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

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: _____

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