<table>
<thead>
<tr>
<th>Step 1: List ALL children, Infants, and students up to and including grade 12.</th>
</tr>
</thead>
</table>

**Please use a pen (not a pencil) when filling out the application and do your best to print clearly.**

- If you are not sure what to do next, please contact [insert school/school district contact here: phone and email preferred].
- Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [insert school/school district contact here: phone and email preferred].

**Please use these instructions to help you fill out the application for free and reduced-price school meals.**

**If you have received a Notice of Direct Certification – FREE letter you received.**

- If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for reduced-price meals, you may apply. Do not fill out the application. If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for free meals, do not complete the application.

**How To Apply For Free and Reduced Price School Meals.**

**Notice of Direct Certification – FREE letter you received.**

- If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for reduced-price meals, you may apply. Do not fill out the application. If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for free meals, do not complete the application. If you have received a Notice of Direct Certification – REDUCED PRICE from the school district for reduced-price meals, you may apply.
Step 1: List all household members and income for each member:

- Insert Social Security Number here.
- If you participated in one of these programs and do not know your agency ID number, contact:
  - Check "No" in Step 2 and go to Step 3.
  - The above listed programs:
    - The food distribution program on Indian reservations (PDFP).
    - Temporary Assistance for Needy Families (TANF) if you reside TANF.
    - The Supplemental Nutrition Assistance Program (SNAP) if you reside SNAP.

Step 2: Do any household members currently participate in SNAP, TANF, or FDPIR?

Step 3: List all household members and income for each member:

- Mark how each type of income is received.
- Write a "0" in any fields where there is no income to report.
- Any income listed as "emery or bank will also be counted as zero if you write "0" or leave any
- Write a "0" in any fields where there is no income to report.
- Any income listed as "emery or bank will also be counted as zero if you write "0" or leave any
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- Write a "0" in any fields where there is no income to report.
- Any income listed as "emery or bank will also be counted as zero if you write "0" or leave any
not have any child income. **Child income is money received from outside your household that is paid DIRECTLY to your child. Many households do not have any child income.**

**What is child income?**

- List all income earned or received by child.

A child is a person under the age of 18 for whom you are applying for free or reduced price meals. An adult household member must also list income of their Social Security Number. The number MUST be equal to the number of household members in the household.

**List ALL household members and income for each member.**

**Step 1.** List all income earned or received by children.

**Step 2.** List earnings from work.

If a child listed in Step 1 has income, follow the instructions in Step 3, Part A.

2. List earnings from work.

- If you are employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.
- If you are self-employed, you will report your net earnings from your business. If you have more than one job, add an additional sheet of paper.
- If you are self-employed, you will report your net earnings from your business. If you have more than one job, add an additional sheet of paper.
- If you are employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

3. List income from public assistance/child support/alimony.

- List all income that applies to the "Pension/Retirement/All Other Income" field on the application.

4. List income from pension/retirement/other income.

- List all income that applies to the "Pension/Retirement/All Other Income" field on the application.

5. List total household size.

- The first four digits of your Social Security Number will be your house number.

6. Provide the last four digits of your Social Security Number.
or Reduced-price meals will be delayed.

Questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child’s eligibility for free

Please return the application directly to your child’s SCHOOL. DO NOT mail, fax, or email completed applications or

<table>
<thead>
<tr>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address Here:</strong></td>
</tr>
<tr>
<td>School/District</td>
</tr>
<tr>
<td>Insert Completed Application to:</td>
</tr>
<tr>
<td>(a) Provide your contact information. Write your current</td>
</tr>
<tr>
<td>(b) Print and sign your name</td>
</tr>
<tr>
<td>(c) Mail completed application to:</td>
</tr>
<tr>
<td>but helps us reach you quickly if we need to contact you.</td>
</tr>
<tr>
<td>showing a phone number, email address, or both is optional.</td>
</tr>
<tr>
<td>available. If you have no permanent address, that is okay.</td>
</tr>
<tr>
<td>mailing address in the fields provided. If this information is</td>
</tr>
<tr>
<td>information has been faithfully reported. Before completing this section, please also make sure you have read the statements on the</td>
</tr>
<tr>
<td>All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all</td>
</tr>
</tbody>
</table>

Step 4: Contact Information and Adult Signature
**Massachusetts Household Application for Free and Reduced Price School Meals**

**APPLICATION FORM**

**RETURN TO (SCHOOL/District Name)** P.O. Box (If No School/Disrict Name) Please use a pen (not a pencil)

**APPLICATION DUE DATE:** 9/30/2022

**APPLICATION ONLINE:**

**APPLICATION FOR ADMISSION TO YOUR CHILD’S SCHOOL**

1. **Child’s Name**
   - First Name:
   - Middle Name:
   - Last Name:

2. **Family Information**
   - Spouse’s Name:
   - Parent’s Name:
   - Guardian’s Name:
   - Address:
   - City:
   - State:
   - Zip Code:
   - Phone:
   - Email:
   - Signature:

3. **Financial Information**
   - Income:
     - Parent 1:
     - Parent 2:
     - Other Households:
     - Total Household Income:

4. **Program Information**
   - Type of Assistance:
     - Free
     - Reduced

5. **School Information**
   - School Name:
   - Grade Level:

6. **Contact Information**
   - Parent/Guardian:
   - Child’s Name:
   - Phone:
   - Email:

7. **Certification**
   - I certify that all information provided is true and correct to the best of my knowledge.

**Please Sign:**

**Parent/Guardian Signature:**

**Date:**

**Mail to:**

**95 Amston Road, Plymouth, MA 02360**

**Parent/Guardian Signature:**

**Date:**

**Mail to:**

**95 Amston Road, Plymouth, MA 02360**
Return completed form to your child's school.

We are required to ask for information on children's age and ethnicity. This information is important and helps us to make sure we are truly serving our community. Responding to this section is optional.

Children's Ethnic and Realistic Identity: This information is kept confidential and may be protected by the Privacy Act of 1974.

For additional information on income, please refer to the instructions that accompany this application.

**Sources of Income**

- Employment income (salary, wages, tips)
- Self-employment income (business, rental property)
- Government assistance (Supplemental Security Income, Medicaid, Housing Assistance)
- Child support
- Interest and dividends
- Investment income
- Social Security
- Other income (e.g., retirement, disability)
- Union or association membership fees
- Gifts and inheritances
- Other income (specify)

**Examples of Income for Children**

- Child support
- Family allowance
- Other income (e.g., inheritance, gifts)

**Sources of Income**

- Employment income
- Self-employment income
- Government assistance
- Child support
- Interest and dividends
- Investment income
- Social Security
- Other income (specify)

**Examples of Income**

- Child support
- Family allowance
- Other income (e.g., inheritance, gifts)
Dear Parent/Guardian:

Children need healthy meals to learn. Rising Tide Charter Public School offers healthy meals every school day. In School Year 2023-2024, all students will receive free breakfast and lunch at school. The Commonwealth of Massachusetts has provided money to do this for another year through the State budget. We need your help to keep providing free meals to all students in future years. Please fill out this application for free and reduced price school meals. If many families fill out and return this form, we will receive more money from the federal government for free school meals now and in the future. We will also get more money for other school programs. Filling out this form also helps our community provide free summer meals to all kids, and free meals to kids in childcare. The information you provide is confidential. We follow strict federal rules to keep your information private.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free or 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://dtacconnect.eohhs.mass.gov/apply

Frequently Asked Questions

Do I Need To Fill Out an Application For Each Child?
No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Rising Tide Charter Public School, Rebecca Chapman, 59 Armstrong Rd, Plymouth, MA 02360 (508) 747-2620

Should I Fill Out an Application If I Received a Letter This School Year Saying My Children Are Already Approved For Free Meals?
No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Rising Tide Charter Public School, 59 Armstrong Rd, Plymouth, MA 02360; (508) 747-2620; rchapman@risingtide.org immediately.

My Child’s Application Was Approved Last Year. Do I Need To Fill Out a New One?
Yes. Your child’s application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

May I Apply If Someone In My Household Is Not a U.S. Citizen?
Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

Who Qualifies For Free Or Reduced Price Meals?
This year, all students in our schools will get free breakfast and lunch at school. But only some students qualify as “eligible” for free meals. These are:

- All children in households receiving benefits from MA SNAP, MA TAFDC, FDPIR, or specific categories of Medicaid are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$26,973</td>
<td>$2,248</td>
<td>$519</td>
</tr>
<tr>
<td>2</td>
<td>36,482</td>
<td>3,041</td>
<td>702</td>
</tr>
<tr>
<td>3</td>
<td>45,991</td>
<td>3,833</td>
<td>885</td>
</tr>
<tr>
<td>4</td>
<td>55,500</td>
<td>4,625</td>
<td>1,068</td>
</tr>
<tr>
<td>5</td>
<td>65,009</td>
<td>5,418</td>
<td>1,251</td>
</tr>
<tr>
<td>6</td>
<td>74,518</td>
<td>6,210</td>
<td>1,434</td>
</tr>
<tr>
<td>7</td>
<td>84,027</td>
<td>7,003</td>
<td>1,616</td>
</tr>
<tr>
<td>8</td>
<td>93,536</td>
<td>7,795</td>
<td>1,799</td>
</tr>
<tr>
<td>Each additional person:</td>
<td>+ 9,509</td>
<td>+ 793</td>
<td>+183</td>
</tr>
</tbody>
</table>

**HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?**
Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail Rising Tide Charter Public School, Michael O’Keefe, mokee@risingtide.org.

**I GET WIC. CAN MY CHILDREN GET FREE MEALS?**
Children in households participating in WIC may be eligible for free or reduced price meals. Please send in a completed application.

**CAN I APPLY ONLINE?**
Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit risingtide.org to begin or to learn more about the online application process. Contact Rising Tide Charter Public School, 59 Armstrong Rd, Plymouth, MA 02360, (508) 747-2620, rchapman@risingtide.org.

**WILL THE INFORMATION I GIVE BE CHECKED?**
Yes. We may also ask you to send written proof of the household income you report.

**IF I DON’T QUALIFY NOW, MAY I APPLY LATER?**
Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

**WHAT IF I DISAGREE WITH THE SCHOOL’S DECISION ABOUT MY APPLICATION?**
You should talk to school officials. You also may ask for a hearing by calling or writing to: Rising Tide Charter Public School, Rebecca Chapman, 59 Armstrong Rd, Plymouth, MA, (508) 747-2620, rchapman@risingtide.org.

**WHAT IF MY INCOME IS NOT ALWAYS THE SAME?**
List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?
Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?
Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

WHAT IF THERE ISN’T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?
List any additional household members on a separate piece of paper and attach it to your application. Contact Rising Tide Charter Public School, Rebecca Chapman, 59 Armstrong Rd, Plymouth, MA to receive a second application.

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?
To find out how to apply for MA SNAP or other assistance benefits, contact your local assistance office or call the MA DTA Assistance Line at 1-877-382-2363 (press 7 to apply for SNAP).

If you have other questions or need help, call (508) 747-2620

Sincerely,

Name Rebecca Chapman
Title Staff Accountant
Date

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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, 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/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 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.
Sharing Information with Medicaid/CHIP

Dear Parent/Guardian:

If your children are qualified for 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 Rebecca Chapman at (508) 747-2620 or e-mail: rchapman@risingtide.org. Return this form to: Rising Tide Charter Public School, 59 Armstrong Rd, Plymouth, MA 02360.
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 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: ___________________________

For more information, you may call Rebecca Chapman at (508) 747-2620 or e-mail at rchapman@risingtide.org.

Return this form to: Rising Tide Charter Public School, 59 Armstrong Rd, Plymouth, MA 02360 by [date].
<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unë flas shqip</td>
<td>(Albanian)</td>
</tr>
<tr>
<td>ከማር ከማርብ</td>
<td>(Amharic)</td>
</tr>
<tr>
<td>انا اتكلم اللغة العربية</td>
<td>(Arabic)</td>
</tr>
<tr>
<td>Երբ խոսում եմ հայերեն</td>
<td>(Armenian)</td>
</tr>
<tr>
<td>ভাষা বাংলা হাজী</td>
<td>(Bengali)</td>
</tr>
<tr>
<td>Ja govorim bosanski jezik</td>
<td>(Bosnian)</td>
</tr>
<tr>
<td>বুলগেরিয়া ভাষা</td>
<td>(Bulgarian)</td>
</tr>
<tr>
<td>我说中文 (Chinese Simplified)</td>
<td></td>
</tr>
<tr>
<td>我說中文 (Chinese Traditional)</td>
<td></td>
</tr>
<tr>
<td>Ja govorim hrvatski.</td>
<td>(Croatian)</td>
</tr>
<tr>
<td>ين‌جان‌د به‌زان‌ فارسی مه‌ین می‌گویم</td>
<td>(Farsi)</td>
</tr>
<tr>
<td>Je parle français.</td>
<td>(French)</td>
</tr>
<tr>
<td>Je parle le Français haïtien</td>
<td>(French Creole)</td>
</tr>
<tr>
<td>Μιλάω ελληνικά.</td>
<td>(Greek)</td>
</tr>
<tr>
<td>ગુજરાતી ભાષા</td>
<td>(Gujarati)</td>
</tr>
<tr>
<td>Mwen pale Kreyòl.</td>
<td>(Haitian Creole)</td>
</tr>
<tr>
<td>म हिंदी बोलता हूँ</td>
<td>(Hindi)</td>
</tr>
<tr>
<td>Kuv hais lus hmoob.</td>
<td>(Hmong)</td>
</tr>
<tr>
<td>Ana m a su Igbo (Igbo)</td>
<td></td>
</tr>
<tr>
<td>Parlo Italiano (Italian)</td>
<td></td>
</tr>
<tr>
<td>私は日本語を話します</td>
<td>(Japanese)</td>
</tr>
<tr>
<td>Mi chat Jamiekan langwiyj</td>
<td>(Jamaican Creole)</td>
</tr>
<tr>
<td>ykt Bqani</td>
<td>(Karen)</td>
</tr>
<tr>
<td>ខ្មែរជាតិ</td>
<td>(Khmer)</td>
</tr>
<tr>
<td>끊임없이 한국어입니다</td>
<td>(Korean)</td>
</tr>
<tr>
<td>نه ز زەمارەبەرێ دەکەم</td>
<td>(Kurdish)</td>
</tr>
<tr>
<td>Na po klæo Win.</td>
<td>(Kru)</td>
</tr>
<tr>
<td>ຜາVertexArray联想</td>
<td>(Lao)</td>
</tr>
<tr>
<td>Yie gornyv Mienh waac</td>
<td>(Mien)</td>
</tr>
<tr>
<td>म नेपाली बोल्नु</td>
<td>(Nepali)</td>
</tr>
<tr>
<td>Mówię po polsku.</td>
<td>(Polish)</td>
</tr>
<tr>
<td>Eu falo Portugês.</td>
<td>(Portuguese)</td>
</tr>
<tr>
<td>ਪੰਜਾਬੀ ਭਾਸ਼ਾ</td>
<td>(Punjabi)</td>
</tr>
<tr>
<td>Cunoște limba Română.</td>
<td>(Romanian)</td>
</tr>
<tr>
<td>Я говорю по-русски.</td>
<td>(Russian)</td>
</tr>
<tr>
<td>Ou te tautala faaSamoa.</td>
<td>(Samoan)</td>
</tr>
<tr>
<td>Govorim srpski.</td>
<td>(Serbian)</td>
</tr>
<tr>
<td>Waxaanku hadlaa Somali.</td>
<td>(Somali)</td>
</tr>
<tr>
<td>Yo hablo espaňol.</td>
<td>(Spanish)</td>
</tr>
<tr>
<td>انحنت السودانية (العربية سودانية)</td>
<td>(Sudanese)</td>
</tr>
<tr>
<td>Marunong po akong magsalita ng Tagalog.</td>
<td>(Tagalog)</td>
</tr>
<tr>
<td>ภาษาไทย (Thai)</td>
<td></td>
</tr>
<tr>
<td>ኢትርግዝ ከገኔ ኈት</td>
<td>(Tigrinya)</td>
</tr>
<tr>
<td>Я розмовлю українською.</td>
<td>(Ukrainian)</td>
</tr>
<tr>
<td>مي أردو بولني مي</td>
<td>(Urdu)</td>
</tr>
<tr>
<td>Tólnói tiếng Việt.</td>
<td>(Vietnamese)</td>
</tr>
<tr>
<td>ידידות בשפה</td>
<td>(Yiddish)</td>
</tr>
<tr>
<td>Mo gbo Yoruba (Yoruba)</td>
<td></td>
</tr>
</tbody>
</table>

USDA is an equal opportunity provider and employer.
**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-xxx-aaa-xxxx (TTY: 1-xxx-aaa-xxxx).

**Spanish**

**Vietnamese**

**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-xxx-xxx-xxxx (TTY : 1-xxx-xxx-xxx)。

**Portuguese**

**Russian**

**Haitian Creole**

[Insert language, as needed]