

### 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 1-413-582-7040 (TTY: 1-413-582-7040).

**Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-413-582-7040 (TTY: llame al 711 y pida que lo conecten a 1-413-582-7040).

**Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi s 1-413-582-7040 (TTY: 1-413-582-7040)

**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1-413-582-7040 (TTY：1-1-413-582-7040)。

**Portuguese**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-1-413-582-7040 (TTY: 1-1-413-582-7040).

**Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-413-582-7040 (телетайп: 1-413-582-7040).

**Haitian Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-413-582-7040 (TTY: 1-413-582-7040).



# I Speak Statements

<input type="checkbox"/> Unë flas <b>shqip</b> (Albanian)	<input type="checkbox"/> N a po <b>Klào</b> Win. (Kru)
<input type="checkbox"/> አገርኛ እናገራለሁ (Amharic)	<input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)
<input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic)	<input type="checkbox"/> Yie gorngv <b>Mienh</b> waac. (Mien)
<input type="checkbox"/> Ես խոսում եմ <b>հայերեն</b> (Armenian)	<input type="checkbox"/> म <b>नेपाली</b> बोल्छु (Nepali)
<input type="checkbox"/> আমি বাংলা ভাষী। (Bengali)	<input type="checkbox"/> Mówię <b>po polsku</b> . (Polish)
<input type="checkbox"/> Ja govorim <b>bosanski jezik</b> (Bosnian)	<input type="checkbox"/> Eu falo <b>Portugês</b> . (Portuguese)
<input type="checkbox"/> ကျွန်ုပ်တို့ပြောတာက ပြဿနာပဲ။ (Burmese)	<input type="checkbox"/> ਇ ਸੁਖਮਾਕ ਪੰਜਾਬੀ (Punjabi)
<input type="checkbox"/> 我说中文 (Chinese Simplified)	<input type="checkbox"/> Cunosc limba <b>Română</b> . (Romanian)
<input type="checkbox"/> 我說中文 (Chinese Traditional)	<input type="checkbox"/> Я говорю <b>по-русски</b> . (Russian)
<input type="checkbox"/> Ja govorim <b>hrvatski</b> . (Croatian)	<input type="checkbox"/> Ou te tautala <b>faaSamoa</b> . (Samoan)
<input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi)	<input type="checkbox"/> Govorim <b>srpski</b> . (Serbian)
<input type="checkbox"/> Je parle <b>français</b> . (French)	<input type="checkbox"/> Waxaan ku hadlaa <b>Somali</b> . (Somali)
<input type="checkbox"/> Je parle le <b>Français haïtien</b> (French Creole)	<input type="checkbox"/> Yo hablo <b>español</b> . (Spanish)
<input type="checkbox"/> Μιλώ <b>ελληνικά</b> . (Greek)	<input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese)
<input type="checkbox"/> ཅུ རྒྱ་མཚན་ལོ་ལུ་ ཅུ་ (Gujarati)	<input type="checkbox"/> Marunong po akong magsalita ng <b>Tagalog</b> . (Tagalog)
<input type="checkbox"/> Mwen pale <b>Kreyòl</b> . (Haitian Creole)	<input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai)
<input type="checkbox"/> म हिंदी बोलता हूँ (Hindi)	<input type="checkbox"/> አነ ትግርኛ ይዳረብ እየ. (Tigrinya)
<input type="checkbox"/> Kuv hais <b>lus hmoob</b> . (Hmong)	<input type="checkbox"/> Я розмовляю <b>українською</b> . (Ukrainian)
<input type="checkbox"/> Ana m a sụ <b>Igbo</b> (Igbo)	<input type="checkbox"/> میں اردو بولتا/بولتی ہوں (Urdu)
<input type="checkbox"/> Parlo <b>Italiano</b> (Italian)	<input type="checkbox"/> Tôi nói tiếng <b>Việt</b> . (Vietnamese)
<input type="checkbox"/> 私は <b>日本語</b> を話します (Japanese)	<input type="checkbox"/> יידיש רעד איך (Yiddish)
<input type="checkbox"/> Mi chat <b>Jamiekan langwjj</b> (Jamaican Creole)	<input type="checkbox"/> Mo gbọ <b>Yoruba</b> (Yoruba)
<input type="checkbox"/> <b>ykt kqhlil b</b> (Karen)	
<input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)	
<input type="checkbox"/> 본인의 모국어는 <b>한국어</b> 입니다 (Korean)	
<input type="checkbox"/> نه ز زمانێ کوردی ده ناخفم. (Kurdish)	

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Student Name: \_\_\_\_\_  
School: \_\_\_\_\_

Grade: \_\_\_\_\_

# 先鋒中英雙語學校

Pioneer Valley Chinese Immersion Charter School

317 Russell Street Hadley, MA 01035

Phone: 413-582-7040 Fax: 413-582-7068 Email: [info@pvcics.org](mailto:info@pvcics.org)

Dear Parent/Guardian:

Children need healthy meals to learn. Pioneer Valley Chinese Immersion Charter 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: **[name, address, phone number]**.

### 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 **[Donna Dickinson, 317 Russell St., Hadley, MA 01035, 413-582-7040, [ddickinson@pvcics.org](mailto:ddickinson@pvcics.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.

<b>FEDERAL ELIGIBILITY INCOME CHART For School Year 2023 - 2024</b>			
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	+ 9,509	+ 793	+183

**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 **[Marilyn Kusek, mkusek@pvcics.org or 413-582-7040]**

**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 **<https://pvcics.org/student-resources/lunch>** to begin or to learn more about the online application process. **Contact Donna Dickinson, 413-582-7040, lunch@pvcics.org, 317 Russell St., Hadley, MA 01035 if you have any questions about the online application.**

**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: **Donna Dickinson, 413-582-7040, lunch@pvcics.org, 317 Russell St., Hadley, MA 01035.**

**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 **Donna Dickinson, 413-582-7040, lunch@pvcics.org, 317 Russell St., Hadley, MA 01035** 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 **[413-582-7040]**.

Sincerely,

Donna Dickinson  
PVCICS Food Service Coordinator  
August 16, 2023

*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.*

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**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 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](mailto:program.intake@usda.gov)

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# Sharing Information with Medicaid/CHIP

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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).

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**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: \_\_\_\_\_

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For more information, you may call Donna Dickinson at 413-582-7040 or e-mail Lunch@pvcics.org.  
Return this form to: PVCICS Lunch Department, 317 Russell Street, Hadley, MA 01035 by [date].

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# Sharing Information with Other Programs

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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 **Athletics Department**.
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Transportation Department (school bus)**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **fee-based clubs/activities advisors**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **High School Guidance Counselor (College Board (PSAT/SAT), ACT, and college application fee waiver programs)**
- Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **High School IB Coordinator (IB data and fee waivers, calculator/technology fees)**

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 **Donna Dickinson** at 413-582-7040 or e-mail at [Lunch@pvcics.org](mailto:Lunch@pvcics.org).  
Return this form to: **PVCICS Lunch Department, 317 Russell St., Hadley, MA 01035** by [date].