Amanda Muniz
Director of Food & Nutrition Services

Muniz-amanda@aramark.com
617-466-5420

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-617-466-5420.

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-617-466-5420
Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-617-466-5500.
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 1-617-466-5500。
Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-617-466-5500.
Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-617-5500.
Haitian Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-617-466-5500.

I Speak Statements

- ☐ Unë flas **shqip** (Albanian)
- ☐ **አማርኛ** እናገራለው (Amharic)
- ☐ انا اتكلم اللغة العربية. (Arabic)
- ☐ Ես խոսում եմ **հայերեն** (Armenian)
- ☐ আমি বাংলা ভাষী। (Bengali)
- ☐ Ja govorim **bosanski jezik** (Bosnian)
- ☐ ကျွန်တော်**မြန်မာစကား**ပြောသည်။ (Burmese)
- ☐ 我说中文 (Chinese Simplified)
- ☐ 我說中文 (Chinese Traditional)
- ☐ Ja govorim **hrvatski**. (Croatian)
- ☐ اینجانب به زبان **فارسی** صحبت می کنم (Farsi)
- ☐ Je parle **français**. (French)
- ☐ Je parle le **Français haïtien** (French Creole)
- ☐ Μιλάω **ελληνικά**. (Greek)
- ☐ હું ગુજરાતી બોલવુ છું (Gujarati)
- ☐ Mwen pale **Kreyòl**. (Haitian Creole)
- ☐ मै **हिंदी** बोलता हूँ (Hindi)
- ☐ Kuv hais **lus hmoob**. (Hmong)
- ☐ Ana m a sụ **Igbo** (Igbo)
- ☐ Parlo **Italiano** (Italian)
- ☐ 私は**日本語**を話します (Japanese)
- ☐ Mi chat **Jamiekan langwjij** (Jamaican Creole)
- ☐ **ykt kqlwl b** (Karen)
- ☐ ខ្ញុំនិយាយភាសាខឺតអ៊ីស (Khmer)
- ☐ 본인의 모국어는 **한국어**입니다 (Korean)
- ☐ **کوردی** نه ز زمانی .ناخفم (Kurdish)
- ☐ Ṅ a po **Klàe** Win. (Kru)
- ☐ ຂ້າພະເຈົ້າເວົ້າ **ພາສາລາວ**. (Lao)
- ☐ Yie gorngv **Mienh** waac. (Mien)
- ☐ म **नेपाली** बोल्छु (Nepali)
- ☐ Mówię **po polsku**. (Polish)
- ☐ Eu falo **Português**. (Portuguese)
- ☐ ਇ ਸ਼ੁਪੋਆਕ **ਪੰਜਾਬੀ** (Punjabi)
- ☐ Cunosc limba **Română.** (Romanian)
- ☐ Я говорю **по-русски**. (Russian)
- ☐ Ou te tautala **faaSamoa**. (Samoan)
- ☐ Govorim **srpski**. (Serbian)
- ☐ Waxaan ku hadlaa **Somali**. (Somali)
- ☐ Yo hablo **español**. (Spanish)
- ☐ أتحدث **السودانية** (لغوي سوداني) (Sudanese)
- ☐ Marunong po akong magsalita ng **Tagalog**. (Tagalog)
- ☐ ข้าพเจ้าพูด **ภาษาไทย** (Thai)
- ☐ እነ ትግርኛ ይዛረብ እየ. (Tigrinya)
- ☐ Я розмовляю **українською**. (Ukrainian)
- ☐ میں **اردو** بولتا/ بولتی ہوں۔ (Urdu)
- ☐ Tôi nói tiếng **Việt**. (Vietnamese)
- ☐ **יידיש** רעד איך (Yiddish)
- ☐ Mo gbọ **Yoruba** (Yoruba)

USDA is an equal opportunity provider and employer.

Student Name: _____

School: _____ Grade: _____

Community Eligibility Provision Notice of Direct Certification - FREE

Dear Parent/Guardian:

Chelsea Public Schools is pleased to announce our participation in the Community Eligibility Provision (CEP) of the National School Lunch Program Chelsea Public Schools**.** While all of our students have access to breakfast and lunch at no cost, this special provision means that families are no longer required to complete a meal benefit application.

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 **Daniel Mojica** at **617-466-5500** 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.

Amanda Muniz
617-466-5420

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.

Community Eligibility Provision Notice of Direct Certification – REDUCED PRICE

Dear Parent/Guardian:

Chelsea Public Schools is pleased to announce our participation in the Community Eligibility Provision (CEP) of the National School Lunch Program (NSLP) for all Chelsea Public Schools. 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 in the reduced price meals category based on Direct Certification. Your child will continue to receive meals at no cost.

If there are other children in your household who aren't listed, they also qualify in the reduced price meals category. 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 **Daniel Mojica** at **617-466-5500** 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.

Amanda Muniz
617-466-5420

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.

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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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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 **Daniel Mojica** at **617-466-5500.**
Return this form to: **99 Hawthorne St, Chelsea, MA by 10/17/2025.**

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: _____

For more information, you may call **Daniel Mojica** at **617-466-5500.**
Return this form to: **99 Hawthorne St, Chelsea, MA by 10/17/2025.**