

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call (617) 354-0047

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (617) 354-0047

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (617) 354-0047

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(617) 354-0047

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (617) 354-0047

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (617) 354-0047

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (617) 354-0047





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



Student Name: School:	Grade:	
	Moal Modification Dogwood Form	

Meal Modification Request Form

Student Name		School					
What Food(s) Should be Avoided:		Recommended Substitutions:					
Brief Explanation of How Exposure to the Food(s) Effects the Child:							
Are There Any Other Modifications to the Meal Needed	:						
Signature of Parent/Guardian	Printed Name		Date				
Signature of Medical Authority	Printed Name		Date				
, ,							

Please fill out this form as much as you can and email it to Emma Bischof (Operations Coordinator) at ebischof@ccscambridge.org and Katie Forrest (School Nurse) at kforrest@ccscambridge.org.

Or, you can print this form out and mail it to:

Emma Bischof 245 Bent St. Cambridge, MA 02141

or

Katie Forrest 245 Bent St. Cambridge, MA, 02141



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fax: (202) 690-7442; or

email: program.intake@usda.gov.

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