



**Charter
Public
School**

Match Community Day
100 Poydras Street
Hyde Park, MA 02136
Ph: (617) 983-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Community Eligibility Provision Public Notice

Dear Parent or Guardian,

Your child will be able to receive free breakfast and lunch at school this year! We are pleased to inform you that the Match Charter Public School (“Match”) will be benefiting from an option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP).

What does this mean for you and your children attending Match?

Great news for you and your students! All enrolled students of Match are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the upcoming school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit a meal application.

If we can be of any further assistance, please contact us at the school. You can also email any questions to admissions@matcheducation.org

The CEP is sponsored by the United States Department of Agriculture, an equal opportunity provider and employer, and is administered by the Massachusetts Department of Elementary and Secondary Education

Nondiscrimination 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: [USDA Discrimination Complaint Form](#), 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

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Meal Modifications in Child Nutrition Programs

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS CHILD NUTRITION PROGRAMS INSTRUCTIONS

***Note: According to 7 CFR, part 226.20 and FNS Instruction 783-2, Rev.1, food substitutions for medical reasons can be made only when there is a written statement from a medical authority. This written statement must include the medical reason and recommended alternate foods.

- 1. School/Agency:** Print the name of the school or agency that is providing the form to the parent.
- 2. Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
- 3. Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
- 4. Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
- 5. Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
- 6. Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
- 7. Telephone Number:** Print the telephone number of parent or guardian.
- 8. Check One:** Check (3) a box to indicate whether participant has a disability or does not have a disability.
- 9. Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
- 10. If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition is affected by the disability. For example: "Allergy to peanuts causes a life-threatening reaction."
- 11. Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
- 12. Indicate Texture:** Check (3) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
- 13. Foods to Be Omitted:** List specific foods that must be omitted. For example, "exclude peanut butter." B. Suggested Substitutions: List specific foods to include in the diet. For example, "sunflower seed spread."
- 14. Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
- 15 Signature of Preparer:** Signature of person completing form.
- 16. Printed Name:** Print name of person completing form.
- 17. Telephone Number:** Telephone number of person completing form.
- 18. Date:** Date preparer signed form.

19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.

20. **Printed Name:** Print name of medical authority.

21. **Telephone Number:** Telephone number of medical authority.

22. **Date:** Date medical authority signed form. The American with Disabilities Act Amendment Act defines a “disability,” in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual. (For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008) Information regarding the ADAAA, which expanded the definition of disability, can be found at:
<http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf> This institution is an equal opportunity provider.

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	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: program.intake@usda.gov.

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Civil Rights Complaint Policy

Match Charter Public School: will comply with the Civil Rights Requirements outlined in FNS Instruction 113-1 and the 2016 Memorandum of Understanding between United States Department of Agriculture Food and Nutrition Service Civil Rights Division and the Massachusetts Department of Elementary and Secondary Education, Office for Food and Nutrition Programs. If a participant, parent/guardian, or potential participant reports a concern that involves a federally or state protected class we will inform, accept, document, and share the complaint or concern in accordance with the procedures outlined here.

Civil Rights Complaint Procedures

Inform: the person to whom potential discrimination may have or perhaps they feel have potentially occurred and their right to file an official complaint. Consider if parental/guardian notification is appropriate.

- Offer to share the complaint process steps and let them know it can be submitted anonymously.
- Ask if they would like to submit an official complaint.
- If no, ask the person how you can help. Clarify what they want you to do with the information they are giving you. This may be a person who is *reporting a concern* because they want you/someone to help them and is **not** interested in submitting an official Civil Rights Complaint.
 - When the person reports satisfaction that the issue has been resolved, no further steps need to be taken.
- If yes, walk them through USDA's complaint process and clarify if they want to use USDA's process on their own or if they want you to "accept" their complaint or help them submit to USDA.
 - If they would like to submit the complaint on their own, ask if you can do anything else to help resolve the issue in the meantime and no further steps need to be taken.
 - If they would like you to "accept" the complaint: Accept, Document and Share the Complaint per instructions below.

Accept: an official complaint in any form.

- *Remember before beginning this step: Someone can be "reporting a concern" they would like addressed but **not** submitting an official Civil Rights complaint. Be sure to clarify what their intention is. If they choose **not** to submit an official Civil Rights complaint continue to reach a resolution that is mutually agreed upon.*
- How SO accept complaints should be determined at the local level and described here. Note when developing these procedures there are some things you will want to keep in mind.
 - The complaint procedures cannot prevent a complaint from being accepted.
 - Procedures cannot require that following the complaint process be a pre-requisite for accepting a complaint
 - The school can't require that a complaint only be submitted through one form, or person or at a specific date/time. They can offer the use of a standard form or refer them to a specific person but ultimately if a person wants to submit a complaint verbally in the moment that complaint needs to be accepted.

Document: The complaint in a complaint log specific to Child Nutrition Programs.

- How was the complaint given? In writing or verbally?
- Staff member who received the complaint must transcribe it.
- Essentially, whoever receives a complaint needs to document the event by filling out the fields on the complaint log.
- If a complaint is given verbally a detailed record of the complaint must be taken.
- At a minimum, the log must contain the complainant(s) name, contact information, the location (including country), nature and date of the alleged discrimination. Name of individual(s) and organization(s) alleged to have engaged in discrimination, basis of alleged discrimination, date of referral to FNS CRD, the findings of any investigation by FNS, and a descriptive disposition of the final complaint including any corrective action planned or taken.
- Sample log template is available on our [Civil Rights webpage](#).

Share: The complaint within 5 days with FNS CRD.

- Send a copy of the complaint you accepted by any of the following methods:
- mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- fax: (202) 690-7442; or
- email: program.intake@usda.gov