



# MASSACHUSETTS MIGRANT EDUCATION PROGRAM

## PROGRAM SCREENER

1. Have you moved into your current city/town in the past 3 years? Yes ☐ No ☐
2. Are you currently working, looking for work, or have worked for at least one day in any of the following industries? Please check if yes:

☐

**FISH/SHELLFISH  
PROCESSING**

☐

**FARM WORK**  
Including tobacco

☐

**FOOD PROCESSING**  
Cleaning and packing  
fruits and vegetables  
Cutting and deboning meat

☐

**DAIRY INDUSTRY**

☐

**PLANT NURSERY**

Please call me to see if my children or I qualify for your program:

Parent/Guardian Name: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FREE SERVICES INCLUDE:** tutoring, English classes, direct family support, summer programs, connecting you and your children with school supports and community agencies.

## CONTACT US

**PLEASE CALL, TEXT OR WHATSAPP FOR MORE INFORMATION.**

We speak English, Spanish and Portuguese:

**SUZANA AMARAL**  
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