



CMCSS Child Nutrition
621 Gracey Avenue, Clarksville, TN 37040

Refund on Student or Employee Cafeteria Account Request (CHN-F026)

Please check one:

☐ I am requesting my child's school lunch refund.

☐ I am an employee, and am requesting a refund.

_____ \$20.00 or under may be paid in cash, if funds are available at student's/employee's school cafeteria.

_____ Check for \$_____ mailed to signer (if greater than \$20.00). Checks are processed through
Central Office within 10 working days from the date this form is received. (Please mail this completed form to the address above or
email to jessica.proctor@cmcss.net)

****Parent/Guardians, please be sure to turn off automatic payments on student lunch account(s) if you do not want them to continue.**

Student or Employee Information

Student Name _____ or Employee's Name _____

School Name _____

Cafeteria Account Number (6 digit #) _____

Address to mail refund, if a check is being requested:

Street Address: _____

City: _____ State: _____ Zip Code: _____

*Parent/Guardian or Employee's Home Phone # (_____) - _____ - _____

Work Phone # (_____) - _____ - _____

(Please provide your contact phone numbers in case there are additional questions)

Primary Parent or Legal Guardian (Printed)

Parent or Guardian Signature

Date

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

This institution is an equal opportunity provider.

05/05/2022

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To be completed at school cafeteria, if funds are available for refunds under \$20.00

Amount of Refund: _____ Cashier's Signature: _____ Date Account Balance Was Checked: _____

I verify cash was received equal to the amount of refund due:

(Signature of Parent/Guardian or Employee): _____