



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.)

**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 Name Printed Legibly Parent or Guardian Signature Date
OR

Employee Name Printed Legibly Employee Signature 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: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-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:

- 1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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):