



**HAMILTON
COUNTY
SCHOOLS**

School
Nutrition

PLEASE PRINT LEGIBLY

COMPLETE ONE FORM PER CHILD AND RETURN TO THE CAFETERIA MANAGER

Date: _____

I, _____, parent/guardian of _____, request a refund of the money that is on deposit for my child's school meal account.

Reason for refund: _____

School where money is on deposit: _____

In order to process your refund more quickly, we would appreciate your supplying the following information so we can accurately match your child's account – some children have the same name:

Date of Birth: _____ Your child's meal PIN Number: _____

Please mail the refund to the following address:

Signature of Parent/Guardian

Date

Signature of Cafeteria Manager

Date

If there are any questions, please contact the School Nutrition office at 423-498-7275

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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