

Date: \_\_\_\_\_

## Homer Cafeteria Lunch Account Restriction Form

Student Name: \_\_\_\_\_ Grade and Teacher: \_\_\_\_\_

Important Note: This form should be mailed to the food service office or delivered by student/parent to the cafeteria or office of the school your child will be attending. If you have more than one child and would like to place a restriction on each account please fill out a separate form for each student. If you would like to remove or change a restriction on an account a new form should be filled out and sent in.

Account money to be used for the following:

Please check if you want the option available to your child and the days that he/she would be able to purchase the item.

\_\_\_\_ One snack is allowed in the following (you may select any or all options):

### Ice Cream

Monday	Tuesday	Wednesday	Thursday	Friday

### Chips

Monday	Tuesday	Wednesday	Thursday	Friday

### Fruit Snacks

Monday	Tuesday	Wednesday	Thursday	Friday

\_\_\_\_ You may also limit snacks by a specific dollar amount per day. -- \$ \_\_\_\_ Amount

\_\_\_\_ Lunch Only **NO** Snacks allowed

\_\_\_\_ Milk Only

\_\_\_\_ Bottled Water

\_\_\_\_ Double Lunch Option (Yes or No)

**Please be advised that these above requests and any food restrictions that a child may have are cleared off in June of each school year and need to be submitted in the beginning of each new school year.**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

Homer is an equal opportunity provider and employer.