

Hondo ISD Child Nutrition Services Account Restrictions Form

Use this form to help the Child Nutrition Department better control your student's selections, spending, or both. This form must be submitted at the start of each school year.

School: _____

Name of student(s): _____

Parent/Guardian: _____ Signature _____

Phone number: _____ Date: _____

Please bring cash to pay for your meal if you meet your student for lunch. Regulations restrict parents from using their student's account to pay for an adult lunch.

Please check only one box:

<input type="checkbox"/>	Tray Only – By selecting the Tray Only option the student account will be restricted from purchasing anything except the tray meal. A tray meal must have at least ½ cup fruit or vegetable plus at least 2 other menu items at a minimum. A maximum tray may consist of one of each of the meal components offered. Any combination is paid at your student's eligibility category. *Please send cash with your student to purchase items you wish to restrict on a daily basis – this allows student to buy ice cream, etc. by using cash only.
<input type="checkbox"/>	Tray + A La Carte Limit – All purchases that are not part of the tray meal are considered a –la-carte. Select this option if you want your student to choose the tray meal every day but would also like to allow a la carte purchases. Daily a la carte spending limit _____
<input type="checkbox"/>	Daily Spending Limit – Select this option if you want to restrict your student's daily spending but do not wish to require the purchase of the tray meal. Breakfast spending limit _____ Lunch spending limit _____
<input type="checkbox"/>	No Charging – This option will not allow your student to charge meals in the cafeteria.
<input type="checkbox"/>	No Restrictions – Select this option if in the previous school year you had one of the above restrictions on your students account. This option will remove any prior restrictions.

For meal pricing please visit www.hondoisd.net for most up-to-date details.

Rev11.19

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 Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the 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.

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).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](http://www.fns.usda.gov/snap/contact_info/hotlines.htm) (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm

USDA is an equal opportunity provider and employer.