

Child Nutrition Department 2024-2025 **Student Account Restrictions Form**

Contact: 817.399.2126 Fax: 817.354.3562

HEB Child Nutrition Services understands that you may want to limit your student's daily spending in the cafeteria. This form is required only if a parent/guardian wishes to request restrictions for their student's meal account. This form must be completed on a yearly basis.

School Name:					
Name of the student:			Student ID#		
Parent/Guardian:			Phone Number:		
Parent Signature:			Date:		
Cafeteria selections are categoriza please check the appropriate choic mail or fax to HEB Child Nutrition	ce below for one o	of the options, sign a	s. If you would like nd date this form a	e to restrict purc nd submit to you	hases for your student's account, r Cafeteria Manager or send by
for my student's account". Student's account of the student of the	ent account with sh to pay for you	n spending limits w ur meal if you plai	vill restrict paren 1 to eat with you	ts from using tl	hecking below, "No Restrictions neir student's account to pay for e send cash with your student if
	Pleas	e check only one	of the following	g options:	
1One Meal Only spending limit per day for t				ill automatically	set the breakfast and lunch
2 One Meal + A	La Carte Limit-	All purchases that	are not part of the	e meal tray are	considered A La Carte.
Select this option if you wa	ant your student t	to purchase a meal	every day and also	would like to a	llow A La Carte purchases.
The daily spending limit ca	n be specified be	elow if desired.			
Daily A La Carte spending	limit \$				
If you would like to limit the days of the week:	ne day of the wee	ek your child can pu	ırchase A La Cart	e items, please o	circle ONLY ONE of the following
	Monday	Tuesday	Wednesday	Thursday	Friday
Please note that our con	nputer system c		ek items on indivie estriction request		cashiers will do their best to
3 Daily Spend do not wish to require the			you would like	to restrict your	student's daily spending but
Breakfast spen	ding limit \$	Lunch	spending limit \$ _		_
4 Cash Only - home student should cont		neals or a la carte it	ems on student's	account. If no	food or cash brought from
5 Show ID - I	n order to purcha	ase food, the studen	t must present the	ir ID to the cash	ier.
6 "No Restric without any restrictions.	tions on my stud	lent's account". Th	is option will allow	w your student to	o make purchases in the cafeteria

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 <u>USDA Program Discrimination Complaint Form</u>, 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). USDA is an equal opportunity provider and employer.