



Summer EBT for Children

Please complete **one form for your entire family**, listing all school-age children and other members of the household. A household is defined as a group of related or unrelated individuals who usually live together and share income and expenses. All sections of the form **MUST** be printed and readable.

Use the following section to add each child in your household, Pre-K-12th grade, who would like to participate in the Summer EBT for Children program.

First	MI	Last	Suffix	Gender	Race/ethnicity	Tribe	Birth date (mm/dd/yyyy)	Grade	School District	Foster Child	Homeless, migrant, runaway
				<input type="checkbox"/> M <input type="checkbox"/> F						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use the following section to add additional members in your household, such as parents, legal guardians, grandparents, younger and older siblings, or other relatives living in the home.

First	MI	Last	Suffix	Gender	Race/ethnicity	Tribe	Birth date (mm/dd/yyyy)	Household member role (parent/legal guardian, child, non-student, other)
				<input type="checkbox"/> M <input type="checkbox"/> F				
				<input type="checkbox"/> M <input type="checkbox"/> F				
				<input type="checkbox"/> M <input type="checkbox"/> F				
				<input type="checkbox"/> M <input type="checkbox"/> F				
				<input type="checkbox"/> M <input type="checkbox"/> F				
				<input type="checkbox"/> M <input type="checkbox"/> F				

Current household Income: \$ _____ Income frequency (how often): Weekly Bi-weekly 2x month Monthly Annual Household size: _____

Language spoken in the home: English Spanish Other: _____

Which program does any household member participate in?

SNAP TANF FDPIR (commodities) Medicaid/Soonercare Free or reduced lunch at school None

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Primary contact:

Parent name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Email address: _____

Birthdate: _____ Home phone no.: (____) _____ Cell phone no.: (____) _____ Work phone no.: (____) _____

May we send text messages to your cell phone regarding monthly benefits? Yes No

Secondary contact:

Name: _____
First Middle Last Suffix

Phone no.: (____) _____ Email address: _____

Before submitting your application, you need to review the following information and sign an agreement at the bottom of the page.

- The Richard B. Russell National School Lunch Act required the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. We will use your information to determine if your child is eligible for Summer EBT benefits.
- The Summer EBT program MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.
- Foster, migrant, homeless and runaway children, and children enrolled in a head start program are categorically eligible for free meals and free milk. If you are completing an application for these children, contact the school for more information.
- Participation in this program will have no impact on other government assistance you and your child receive.
- I certify that all information furnished in the application is true and correct, that the application is being made in connection with the receipt of federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable federal and state criminal statutes.
- I attest to changes in information as specified in this paragraph (b), if changes are voluntarily reported in writing during the eligibility period.

Parent/legal guardian signature

Date

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identify and sexual orientation), disability, age or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P=Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **Mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410; or
2. **Fax:**
(833) 256-1665 or (202) 690-7442; or
3. **Email:**
Program.Intake@usda.gov

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