



Summer EBT Participants Required Notification

Non-discrimination statement:

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 identity 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/ad-3027.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, D.C. 20250-9410; or

2. **fax:**

(833) 256-1665 or (202) 690-7442; or

3. **email:**

Program.Intake@usda.gov

This institution is an equal opportunity provider.

Participant's Rights and Responsibilities:

I have been advised of my rights and obligations under the Program. I certify that the information that has been provided for my child's/children's eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

I understand that the Chickasaw Nation Summer EBT Program may authorize the use and disclosure of information about my participation in the program for non-Summer EBT purposes. Such information will only be used by Summer EBT agencies and partner organizations, in the administration of their programs that serve persons eligible for the Summer EBT program:

- To determine the eligibility of Summer EBT applicants and participants for programs administered by such organizations.
- To conduct outreach for such programs;
- To enhance the health, education, or well-being of WIC applicants and participants currently enrolled in those programs;
- To streamline administrative procedures in order to minimize burdens on participants and staff; and,
- To assess and evaluate a State's health system in terms of responsiveness to participants' health care needs and health care outcomes.



I certify that I am not at this time enrolled in any other Summer EBT program or “SUN Bucks” administered by another state or tribal organization. I understand that to do so would be deliberate misuse of the program benefits and could result in the loss of those benefits.

I understand that making threats or being verbally abusive to Summer EBT staff will not be tolerated.

Collection of racial/ethnic information is only for reporting purposes and has no effect on whether you are eligible for the program.

I/my child/children have/has been issued a Summer EBT card and understand that I am responsible for ensuring the security of my EBT card and my PIN.

Your Summer EBT card will be used to access your Summer EBT food benefits.

Your PIN is your secret code to access your food benefits. Your benefits can only be accessed if the PIN is provided. You must keep your PIN secure.

Your PIN is set for you as the child’s 2-digit month and year that the card was issued to. You may change the PIN by contacting the IVR number on the back of your card and following the verification process.

If you give someone your card and PIN to shop for you and they misuse your food benefits, we will not be able to replace your benefits.

If your card is lost or stolen and your food benefits are redeemed, we will not be able to replace your benefits. Report a lost or stolen card immediately to the Chickasaw Nation Summer EBT program or Hunger Free Oklahoma.

Keep your receipts so that you will know your balance before shopping and your benefit’s expiration date.

Your food benefits have a beginning date and ending date. Your food benefits will be available to you during these dates.

Any benefits remaining in your account will expire at midnight on the ending date.

You may appeal any decision made by the local agency regarding your eligibility for the program.

Sale or exchange of supplemental foods or EBT card including the offer of sale to another individual or posting of Summer EBT foods, benefits and/or EBT cards for sale in print or online, or allowing someone else to do so, is a violation and is subject to penalty.

The purpose of the Summer EBT Program is to provide nutritional support to eligible children during the summer months when school meals are not available.

Authorized foods are chosen to promote and support the nutritional well-being of the participant and decrease food insecurity.

The food benefits provided by the Program are supplemental and are not intended to provide all of the participant’s daily food requirements.

Each participant’s eligibility is determined year to year.

