

Missouri Pandemic Electronic Benefits Transfer (P-EBT) Application

Complete this application if your student received or qualifies to receive free and reduced lunch. **Do not** complete the application if your household receives Food Stamps (SNAP) in March 2020 as your benefits will automatically be loaded to your Electronic Benefit Transfer (EBT) card. You must complete the entire application for it to be processed. **Do not write in shaded areas.**

STEP 1: Tell us about the adult who will be our contact for this application

Head of Household (parent or guardian of children):

Social Security Number:	Head of Household Date of Birth:	Telephone number:
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Household address as reported to school: (If homeless, please write homeless)

City:	State:	Zip code:
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Mailing address if different from above:

City:	State:	Zip code:
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Do you currently receive SNAP benefits in another state? Yes State Name: _____ No

Step 2: Tell us about the school age children (pre-kindergarten – 12th grade) you are applying for Please indicate the name of the School District the student attends and if applicable, also write the name of the building the child is enrolled in (i.e. Jefferson Co. R-VI, Jefferson Elementary). If you have more than five (5) school aged children, complete section five (5).

Are you a Resource Parent to child(ren) in Foster Care? Yes No

School Age Child (Last Name, First Name)	Date of Birth	Social Security Number	School District AND Building Name	Special Provision school? <input type="checkbox"/> Yes <input type="checkbox"/> No

Step 3: Tell us about household

Report the below for **ALL** children listed above and **ALL** adult members in your household who are living with you and share income and expenses. This includes individuals not related and even if they do not receive income of their own.

How many people live in your household AND are supported with the household's income? _____

List your **Monthly Gross Income** at the time you applied for free or reduced price school meals or as of **March 18, 2020**. If your income changed due to work reduction, list the **Monthly Gross Income** for March, April, and May. Refer to Eligibility Criteria for income assistance.

Last Name, First Name	Source of income	March 18 th \$	March \$	April \$	May \$

Step 4: Read & Sign this application

USDA Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civils rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through Federal Relay Service at (800) 877-8339. Additionally, program information may be available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the compliant form, call (866) 632-9992. Submit your completed form or letter to USDA by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

This institution is an equal opportunity provider.

DSS Non-Discrimination Statement: The Missouri Department of Social Services (DSS) is committed to the principles of equal employment opportunity and equal access to services. Accordingly, DSS employees, applicants for employment and contractors are treated equitably regardless of race, color, national origin, ancestry, genetic information, pregnancy, sex, sexual orientation, age, disability, religion or veteran status.

Penalty Warning: I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds. I understand that State or local school officials may verify the accuracy of information in this application. I am aware that if I purposely give false information, my children may be denied benefits, and I may be prosecuted under applicable State and Federal criminal laws.

Do not give false information, or hide information, to get or continue to get food stamp benefits.

Do not give, trade, or sell food stamp benefits to anyone not authorized to use them.

Do not alter any authorization document to get food stamp benefits you are not entitled to receive.

Do not use food stamp benefits to buy ineligible items, such as alcoholic drinks or tobacco.

Do not use someone else's food stamp benefits for your household.

I understand the questions on this application. I know it is against the law to obtain or attempt to obtain benefits for which I am/we are not entitled. Any false claim, statement, or concealment of any material fact whatever, in whole in part, may subject me to criminal and/or civil persecution. As a result of the temporary closure of school due to the COVID-19 Pandemic, the children listed on this application are not receiving Free or Reduced lunches at their school. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.



SIGN HERE:

Your signature:	DATE
Signature of witness (needed if you cannot sign your name):	DATE

Step 5: Tell us about additional school age children you are applying for (If you have more than eight (8) school aged children in the household, list the children on another paper application)

School Age Child (Last Name, First Name)	Date of Birth	Social Security Number	School District AND Building Name

Step 6: Return Completed Application to the Department of Elementary and Secondary Education

Return the completed and signed application. Options for returning the application. Do not return this application to the school.

- Scan and email the completed and signed application to: FoodandNutritionServices@dese.mo.gov, OR
- Mail to: DESE Food and Nutrition Services, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102

The Department of Elementary and Secondary Education will verify your eligibility for free or reduced price school meals and send your application to the Department of Social Services, Family Support Division.