

2022-2023 Application for P-EBT Benefits for Homeschool and Virtual Students

Complete one application per household for all children. Please use pen (not a pencil).

Mail or return completed form to: (School/District Information) _____

Step 1: List ALL Household Members who are infants, children and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Children in Foster care are eligible for P-EBT benefits. **Read How to Complete the Application for P-EBT Benefits for Homeschool and Virtual Students** for more information. Adults over grade 12 living in the same household should be reported in Step 3.

Child's First Name (list all children in household)	MI	Child's Last Name	Previously Attended NSLP Participating School	Most Recent Enrollment Year at NSLP School	Grade	Birthdate	Foster Child (V)	My Child Attends a Homeschool or Fully Virtual School (Check One):	
								Due to Concerns About COVID-19 (V)	For Reasons Other than Concerns About COVID-19 (V)
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIIP or FDIPIR? Medical assistance does not qualify. If NO > Go to Step 3.

If YES > Enter SNAP, MFIIP or FDIPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to Step 4 (Do not complete Step 3).

Step 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to Step 2).

- a. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-____-____ Or Check if Adult has No SSN:
- b. **Total Number of All Household Members (Children + Adults)** _____
Child Income: Sometimes children in the household earn or receive income, such as from a part-time job or SSI. Please include the TOTAL income received by all children listed in Step 1. Do not include income received by adults in the box.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
- c. **All Adult Household Members (including yourself).** For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)	Gross Earnings from Working at Jobs				Are you Self-Employed or a Farmer?		Any Other Gross Income						
List all Household members not listed in Step 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).	Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.	Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Step 4: Contact information and adult signature. "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. If my child's homeschooled or virtual school status changes during the school year, and my child enrolls in an in-person school, I will notify the state immediately. I am aware that if I purposely give false information or fail to promptly notify the state of my child's enrollment in an in-person school, my child may be denied benefits, and I may be prosecuted under applicable state and federal criminal laws."

I have checked this box if I do not want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form _____ Daytime Phone _____ Signature of Household Adult _____ Date _____

Address (if available) _____ Apartment # _____ City _____ Zip _____

Optional: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

- Step One: Ethnicity (check one):** Hispanic or Latino Not Hispanic or Latino
- Step Two: Race (check one or more):** American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	<input type="checkbox"/> Verified? Attach Tracker	No change <input type="checkbox"/>	Free After Verified <input type="checkbox"/>	Reduced After Verified <input type="checkbox"/>	Denied After Verified <input type="checkbox"/>
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	Household Size:	Categorical Eligibility	Free	Reduced	Denied
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determining Official: _____ Date: _____ Confirming Official: _____ Date: _____
Signature _____ Signature _____