

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

8 sehold for all children Plea

y do not	me only. If the	otal gross inco	, report to	receive income	if they do	ember listed,	by adults in the box. elf). For each Household M	listed in Step 1. Do not include income received by adults in the box.  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	1. Do no usehold	listed in Step All Adult Hou	ن د
Monthly	2x Month N	Bi-weekly	Weekly	Total Income Received by All Children	Total inco	s, such as	old earn or receive income OTAL income received by a	<b>Child Income.</b> 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	. Somet ime job		5
		o SSN:	fult has No	Or Check if Adult has No SSN:		ber: XXX-XX	of Adult Household Member ren + Adults)	Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-Total Number of All Household Members (Children + Adults)	its of So or of All I		စ်
		l			۶	Yes' to Step 2	this step if you answered	Step 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to Step 2).	e for ALL	Report Income	Step 3
o not	then go to Step 4 (D <b>o not</b>	then {			iber)	EBT card num	n 4-9 digits, do not report	If YES >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) complete Step 3).	1FIP or F	If YES >Enter SNAP, M complete Step 3).	If YES
sistance	IR? Medical as:	), MFIP or FDP	ams: SNAP	ssistance progr	ollowing as	nore of the fo	ently participate in one or r	Step 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance does not qualify. If NO > Go to Step 3.	hold Me	Step 2: Do Any Household Members (i does not qualify. If NO > Go to Step 3.	Step 2
		0									
S out	For Reasons Other than Concerns About COVID-19 (v)	Due to Concerns About COVID- 19 (v)	Child (V)	Birthdate	Grade	Year at  NSLP School	NSLP Participating School	Child's Last Name	<u> </u>	all children in household)	
0	My Child Attends a Homeschool or Fully Virtual School (Check One):	My Child Atter or Fully V (Che	Foster			Most Recent	Previously Attended		St	Child's First Name (list	Child
benefits sehold	related." Children in Foster care are eligible for P-EBT benefits formation. Adults over grade 12 living in the same household	er care are eligade 12 living in	en in Fost ts over gra	elated." Childr ormation. Adul	en if not r r more inf	expenses, ev al Students fo	ou and shares income and for Homeschool and Virtue	<b>Definition:</b> A Household Member is "Anyone living with you and shares income and expenses, even if not Read <i>How to Complete the Application for P-EBT Benefits for Homeschool and Virtual Students</i> for more in should be reported in Step 3.	old Mem e the Ap Step 3.	<b>Definition:</b> A Household Men Read <i>How to Complete the Aj</i> should be reported in Step 3.	Defini Read / should
ch	If more spaces are required for additional names, attach	ed for addition	are require	f more spaces a	_	nd including g	ldren and students up to a	Step 1: List ALL Household Members who are infants, children and students up to and including grade 12 another sheet of paper).	hold Me er).	Step 1: List ALL Househo another sheet of paper).	Step 1 anoth
							mation)	Mail or return completed form to: (School/District Information)	eted for	r return comple	Mail o
						)ii).	Please use pen (not a peno	Complete one application per nousehold for all cillurent riedse use pell (not a pelicil).	rion per	ete one applica	Comp

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 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

Household Members section.

										-						
Names of All Adult Household Members (First and Last)	ଦୁ	oss E	arning	s fror	n Workir	Gross Earnings from Working at Jobs	Þ	re you	Are you Self-Employed or a Farmer?	or a			Any (	ther	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	Repo before d taxes dollars	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	oloyment, ance, Child fothers on 2
					₩.				\$						₩.	
					\$				\$				Ш		\$	
					❖				\$				Ш		\$	
					\$				₹	_			닏		₩.	
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 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.	in cor d's hou that if that if be pro	re. "Innection mesche mesche fil pur fil pur secut	certify on with noolect posely posely ed unvalid	/ (proth the	mise) the receipt of r	at all informof Federal of Federal nool status formation state and state and winnesota	funds. I funds. I changes or fail to federal of the	n this unde duril prom prom crimil crimil	s application is terstand that state erstand that state ing the school year ptly notify the nal laws."	rue and c e or local ar, and m state of m	orrect schoo y child y child te law	and toffice of office office of office office of office of office of office of office of office of office	that a pials r pils in rollm	all inc may v an in lent i	ion is true and correct and that all income is reported. I hat state or local school officials may verify the accuracy of hool year, and my child enrolls in an in-person school, I will fy the state of my child's enrollment in an in-person school, my, allowed by state law.	ed. I racy of ol, I will 1 school, my
Printed name of adult signing form				Day	Daytime Phone	one	Signat	iure o	Signature of Household Adult	dult		- 1				Date
Address (if available)		Apart	Apartment #	#	City	Zip										
Optional: Children's Racial and Ethnic Identities	d Eth	nic	lden	titie	ίŠ											
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.	about y s optio	/our c inal ai	hildre nd doe	n's ra es no	ice and e t affect y	thnicity. T	his inforr en's eligit	natio bility	n is important a for free or redu	nd helps ced-price	o mal meals	ke sur . Resj	'e we	are f to bo	ully serving ou th Step One, <i>I</i>	ur Ethnicity and
<ol> <li>Step One: Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino</li> <li>Step Two: Race (check one or more): ☐ American Indian/Alaskan Native ☐ Asi</li> </ol>	Hispa }: □/	nic or Ameri	Latin can In	o □ dian/	Not Hisp 'Alaskan	anic or Lat	an	] Blac	□ Black/African American		ative I	Hawa	iian/	Other	☐ Native Hawaiian/Other Pacific Islander	er 🗌 White
Do Not Fill Out: For School Office Use Conversions to Annualize All Income:		X52	X26	.60	X24	X12	Ħ	Atta	□ Verified? Attach Tracker	No change		Free After Verified	fter	<b>₽</b>	Reduced After Verified	Denied After Verified
All Total Income (Include child and adult income)	<	Weekly	Bi- weekly		2X Month	Monthly	Annualize	포	Household Size:	Categorical Eligibility		Free	"		Reduced	Denied
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Determining Official:					Date:	is:	Confirm	ning (	Confirming Official:							Date:
Signature							Signature	Iге								

Signature