



Dear Parent/Guardian:

Your children may be eligible to receive a pre-loaded Electronic Benefits Transfer (EBT) card that can be used to purchase groceries. Your children may be eligible for Pandemic Electronic Benefit Transfer (P-EBT) benefits if:

1. Your child previously attended a school participating in the National School Lunch Program (NSLP) at some point after the start of the COVID-19 Public Health Emergency, or the child enrolled in kindergarten as a virtual or homeschooled student in school year 2020-2021 or later, **and**
2. Your child is not attending a National School Lunch Program (NSLP)-participating school *due to concerns about COVID-19*, **and**
3. Your child would have been eligible for free or reduced-price meals at their NSLP school if not for their virtual or homeschool status.

To learn if your children qualify for P-EBT benefits, complete the enclosed Application for P-EBT Benefits for Homeschool and Virtual Students. Note: Applying for this P-EBT benefits does not make your child eligible to receive free meals at school if they are currently enrolled as a virtual or homeschooled student.

Commonly Asked Questions:

1. **What is P-EBT?** Pandemic Electronic Benefit Transfer (P-EBT) is a temporary federal program that provides food benefits to Minnesota families with children who would have received free or reduced-price meals if schools were open. To learn more **about P-EBT**, please visit [State Guidance on Coronavirus P-EBT | Food and Nutrition Service \(usda.gov\)](https://www.usda.gov/state-guidance-on-coronavirus-p-ebt-food-and-nutrition-service).
2. **Can my child get P-EBT if my family receives other assistance programs?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children can get P-EBT benefits without reporting household income. Alternatively, children can get P-EBT benefits if their household income is within the maximum income shown for their household size on the instructions.
3. **Are homeschooled or fully virtual students eligible for P-EBT benefits if they are approved for free or reduced school meals?** Not necessarily. Homeschooled or fully virtual students qualify for P-EBT if all criteria below are met:
 - a. Child previously attended a school participating in the National School Lunch Program (NSLP) at some point after the start of the COVID-19 Public Health Emergency, or the child enrolled in kindergarten as a virtual or homeschooled student in school year 2020-2021 or later, **and**
 - b. Child is not attending an NSLP-participating school *due to concerns about COVID-19*, **and**
 - c. Child would have been eligible for free or reduced-price meals at their NSLP school if not for the their virtual or homeschool status.
4. **I get Special Supplemental Nutrition Program for Women, Infants and Children (WIC) or Medical Assistance. Can my children get P-EBT benefits?** Children in households participating in WIC or Medical Assistance do not automatically qualify for P-EBT benefits. Children may be eligible for P-EBT benefits depending on other household financial information. Please fill out an application and return it with appropriate financial documentation.

5. **Who should I include as household members?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends).
6. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for your children to qualify for P-EBT benefits.
7. **What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.
8. **Will the income information or case number I give be checked?** It may be. We also ask you to send written documentation.
9. **How will the information be kept?** Information you provide on the form, and your child's approval for P-EBT benefits, will be protected as private data. For more information, see the back page of the Application for P-EBT Benefits for Homeschool and Virtual Students.
10. **If I don't qualify now, may I apply later?** Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

The information requested about children's racial identity and ethnicity is requested to assure us the application reached all community members. This information is not required for approval of P-EBT benefits.

If you have other questions or need help, call 651.683.6958.

Please return your completed Application for P-EBT Benefits for Homeschool and Virtual Students, to include your financial documentation to:

Nutrition Services -ISD 196

4187 Braddock Trail – Eagan, MN 55123

Rosemount-Apple Valley- Eagan Public Schools

How to Apply for P-EBT Benefits for Homeschool and Virtual Students

Complete the Application for P-EBT Benefits for Homeschool and Virtual Students form for school year 2022-23 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2022 through June 30, 2023.

Maximum Total Income

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Add for each additional person	8,732	728	364	336	168

- Step 1: Children.** List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).
- Step 2: Case Number.** If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.
- Step 3: Adult and Child Incomes/Last 4 Digits of Social Security Number**
 - Social Security Number/Total Household Members. An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
 - Child Income. If any children in the household have regular income, such as Supplemental Security Income (SSI) or part-time jobs, list the total amount of regular incomes received by all children and check the box for the frequency: weekly, bi-weekly, twice a month or monthly. Do not include occasional earnings like babysitting or lawn mowing.
 - Adult income. Report the names of adult household members and income earned in this section.
 - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
 - Gross Earnings from Work. This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.

- o List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
- o Are you Self-Employed or a Farmer? List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- o Any Other Gross Income. List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

4. **Step 4: Signature and Contact Information.** An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

Optional: Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for P-EBT benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

Instructions: Sources of Income

Sources of Income for Children

Sources of Income for Adults

Sources of Child Income	Examples
<ul style="list-style-type: none"> • Earnings from work • Social Security <ul style="list-style-type: none"> o Disability Payments o Survivor's Benefits • Income from person outside the household • Income from any other source 	<ul style="list-style-type: none"> • A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security • A Parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

Earnings from Work	Public Assistance / Alimony/Child Support	All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses (before deductions or taxes) • Net income from self-employment (farm or business) • If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> • Cash Assistance from State or local government • Supplemental Security Income • Unemployment benefits • Worker's compensation • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security • Disability benefits • Regular income from trusts or estates • Annuities • Investment income • Rental income • Regular cash payments from outside household



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

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

Return application with appropriate financial documentation to: ISD 196 Nutrition Services - 4187 Braddock Trail-Eagan, MN 55123

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, MFIP or FDPIR? Medical assistance does not qualify. **If NO** > Go to Step 3.

If YES >Enter SNAP, MFIP or FDPIR 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:

Total Number of All Household Members (Children + Adults) _____

- b. **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				
	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
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.	<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

<i>Do Not Fill Out: For School Office Use</i> 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"/>				

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

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for P-EBT benefits. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for P-EBT benefits. We *may* share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's P-EBT eligibility status is also recorded on a statewide computer system used to report student data to Minnesota Department of Education (MDE) as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools and (3) Judge the quality of the state's educational program.

Nondiscrimination 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 [on the USDA website](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) (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, 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.