

Missouri School Children Pandemic Electronic Benefits Transfer (P-EBT) Application

Complete this application if your student attends a school that has **not** been open for full time attendance for at least five (5) consecutive days during the 2020 – 2021 school year due to COVID-19 restrictions **and** has received or qualifies to receive free or reduced meals. You must complete the entire application for it to be processed. Each eligible child in your household will receive their own EBT card.

If your child has not been determined eligible for free or reduced meals during the 2019-2020 or 2020-2021 school year, please contact your child's school to complete an application.

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

Head of Household/Parent/Guardian/Foster Parent (Last name, First Name):

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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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 (i.e. Columbia) and provide the name of the school (i.e. Beulah Ralph Elementary), address of the building (i.e. 5801 S Hwy KK) and city (i.e. Columbia) where the child is enrolled.

If you have more than five (5) school aged children in the household, list the children on another paper application

Child 1 (Last Name, First Name)	Date of Birth	Social Security Number	School District	How was your child certified to receive free or reduced meals? <input type="checkbox"/> by application <input type="checkbox"/> other
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School Building Name	School Street Address	City
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Child 2 (Last Name, First Name)	Date of Birth	Social Security Number	School District	How was your child certified to receive free or reduced meals? <input type="checkbox"/> by application <input type="checkbox"/> other
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School Building Name	School Street Address	City
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Child 3 (Last Name, First Name)	Date of Birth	Social Security Number	School District	How was your child certified to receive free or reduced meals? <input type="checkbox"/> by application <input type="checkbox"/> other
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School Building Name	School Street Address	City
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Child 4 (Last Name, First Name)	Date of Birth	Social Security Number	School District	How was your child certified to receive free or reduced meals? <input type="checkbox"/> by application <input type="checkbox"/> other
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School Building Name	School Street Address	City
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Child 5 (Last Name, First Name)	Date of Birth	Social Security Number	School District	How was your child certified to receive free or reduced meals? <input type="checkbox"/> by application <input type="checkbox"/> other
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School Building Name	School Street Address	City
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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 civil 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 complaint 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 (833) 256-1665 or email at program.intake@usda.gov.

This institution is an equal opportunity provider.

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 P-EBT benefits.**
- Do not give, trade, or sell P-EBT benefits to anyone not authorized to use them.**
- Do not alter any authorization document to P-EBT benefits you are not entitled to receive.**
- Do not use P-EBT benefits to buy ineligible items, such as alcoholic drinks or tobacco.**
- Do not use someone else's P-EBT 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
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Signature of witness (needed if you cannot sign your name):	DATE
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Step 6: Return Completed Application to the Department of Social Services Family Support Division

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

- Scan and email the completed and signed application to: FSD.MOPEBT@dss.mo.gov, OR
- Mail to: Family Support Division, 615 E. 13th St, Kansas City, MO 64106

Application must be returned no later than August 20, 2021 for an eligibility determination.

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