

SUMMER EBT APPLICATION INSTRUCTIONS

Have Questions or Need Help? Call 1-866-843-7212 or Email DHSS_DSS_SummerEBT@delaware.gov

Return Instructions

You must return your application by August 30, 2024.

You can return your application online or by email, mail, or drop-off at a Division of Social Services office.

Online:	assist.dhss.delaware.gov	Email:	DHSS_DSS_SummerEBT@delaware.gov
Mail:	Division of Social Services Attn: Summer EBT, Lewis Bldg. P.O. Box 906, New Castle, DE 19720	Drop-off:	Find a Division of Social Services office at: dhss.delaware.gov/dhss/dss/ofclocations.html

Summer EBT Contact Information

Phone:	1-866-843-7212 (8:00 AM – 4:30 PM, Monday – Friday) Español, Kreyòl, العربية, 中文, or other languages: 1-866-843-7212 TTY at 711 or 1-800-232-5460 for English or 1-877-335-7595 for Spanish	Email:	DHSS_DSS_SummerEBT@delaware.gov
Website:	DSS: dhss.delaware.gov/dhss/dss/ USDA: www.fns.usda.gov/summer/sunbucks	Apply Online:	assist.dhss.delaware.gov

Summer EBT Eligibility Rules

Most families eligible for Summer EBT don't need to apply. They will get benefits automatically.

You DON'T need to apply if:

- Your child gets SNAP (food benefits), TANF (cash assistance), or some types of Medicaid.
- Your child gets free or reduced-price meals because you completed a school meal application.
- Your child is enrolled in a school participating in the National School Lunch Program and has the status of being in foster care, homeless, a migrant, or a runaway or is enrolled in Head Start.

These groups of children will get benefits automatically. You DON'T need to fill out a Summer EBT application.

If your child does not get benefits automatically, you may be able to get Summer EBT by filling out this application.

- You only need to submit one application per household.
- Please complete all sections of the application. You must provide the information marked with an asterisk (*) for us to process your application.
- Please use a pen to fill out the application and print clearly.

You do not need to be a U.S. citizen to apply and qualify for Summer EBT. Applying for or receiving Summer EBT does NOT affect the immigration status of your children or family.

You must meet the following rules to qualify for Summer EBT through an application:

1. Your child must be enrolled in a Delaware school that participates in the National School Lunch Program.
2. Your household's combined income must be at or below the Summer EBT income limit for your household size.
3. You must submit a complete and signed Summer EBT application by the deadline.
4. You must provide proof of your household's information if we request it.

Summer EBT Income Limit 185% of the Federal Poverty Level Effective from July 1, 2024 to June 30, 2025					
Household Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each additional person, add:	\$9,953	\$830	\$415	\$383	\$192



How to Fill Out the Summer EBT Application

STEP 1 Primary Parent/Guardian Information

- Enter the full name, date of birth, and sex for the primary parent or guardian of this household. This person will receive the Summer EBT card and notices if your household is eligible.
- Enter the Social Security Number for the primary parent or guardian. A Social Security Number is optional, and you can apply even if you do not have one. Enter your MCI number if you know it.
- Race and ethnicity information is optional and does not affect your eligibility. We collect this information to make sure we are fully serving our community.

STEP 2 Household Information

- Enter your address, phone number, and email. The address is where we will mail the Summer EBT card and notices. If you do not have a permanent address, you can add the address where you receive mail.
- Select which language you would like to receive information in. We can provide information in English or Spanish. Please ask if you need information in another language. We provide free language assistance.
- Select how you would like us to communicate with you. We will always mail program information to you no matter which preference you choose.
- Check the box if anyone in your household receives SNAP, TANF, or Medicaid. Enter your case number if you know it. If you receive these benefits, you may not have to apply. Please see page 1.

STEP 3 Student Information - School Year 2023-2024

- Enter the information for each student in your household who was enrolled in Pre-K through Grade 12 at a Delaware school during school year 2023-2024. Only children who were enrolled in school should be added to this section.
- Enter each student's full name, date of birth, and sex.
- Enter each student's Social Security Number. A Social Security Number is optional, and you can apply even if the student does not have one. Enter each student's MCI number if you know it.
- Race and ethnicity information is optional and does not affect your eligibility. We collect this information to make sure we are fully serving our community.
- Check the box if the student is a foster child, homeless, migrant, or runaway. If your child has one of these statuses, you may not have to apply. Please see page 1.
- Enter each student's last grade level, student ID, school district, and school name for school year 2023-2024.

STEP 4 Additional Household Members

- Enter the information for other adults and children living in your household who share income and expenses with you even if they are not related to you or are temporarily away from home.
- Enter other adults in your home in this section. Do not include the primary parent or guardian who was entered in Step 1.
- Enter other children who are NOT students at a Delaware school in this section, including children who are younger than school age, adult children, and school age children who are not enrolled in a Delaware school. Do not include students who were entered in Step 3.
- Enter each person's full name, date of birth, and sex.
- Enter each person's Social Security Number. A Social Security Number is optional, and you can apply even if people in your household do not have one. Enter each person's MCI number if you know it.
- Race and ethnicity information is optional and does not affect your eligibility. We collect this information to make sure we are fully serving our community.

STEP 5 Household Income

- Enter all types of earned and unearned income received by your household. You must report all income you and the adults and children in your household earn or receive.
- Enter the name and income of each person on a separate line.
- ENTER THE GROSS INCOME AMOUNT BEFORE TAXES AND DEDUCTIONS FOR EACH INCOME TYPE. Enter the source of the income and write the income amount in whole dollars.
- Enter a "0" in any box where there is no income to report. Any income boxes left empty will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application may be investigated.
- Check the box to tell us how often each type of income is received.
- **Earnings from work:** This is usually the money received from working at jobs. Enter the amount each person receives from salary, wages, cash bonuses, tips, commissions, or self-employment income. If you are a self-employed business or farm owner, you will report your net income. This is calculated by subtracting your total business expenses from your gross business income.
- **Public assistance, child support, and alimony:** Enter the amount each person receives from unemployment benefits, workers' compensation, cash assistance, veteran's benefits, strike benefits, Supplemental Security Income (SSI), child support, and alimony. If income is received from child support or alimony, only report court-ordered payments.
- **Pensions, retirement, and all other income:** Enter the amount each person receives from Social Security/Disability, private pensions, disability benefits, income from trusts or estates, annuities, investment income, interest income, rental income, and other regular cash payments to your household.

STEP 6 Authorized Representative Consent (Optional)

- You only need to complete Step 6 if an adult who is not in your household is helping you apply. This is called an authorized representative.
- With your permission, your authorized representative may apply for benefits, report changes, and make inquiries for your household for Summer EBT.
- Enter the full name, date of birth, address, phone number, and email for your household's authorized representative.

STEP 7 Rights and Responsibilities

- Read this section to learn about your rights and responsibilities for Summer EBT.

STEP 8 Certification Statement and Signature

- Read the certification statement. By signing the application, you are promising that all information has been truthfully and completely reported.
- You MUST sign the application. Please sign and print your name and write the date. All applications must be signed by an adult member of the household.
- If you have an authorized representative, that person MUST sign the application also.





DELAWARE SUMMER EBT APPLICATION – SUMMER 2024

Application Deadline for 2024 Summer EBT: **August 30, 2024**

Apply online or return this application at assist.dhss.delaware.gov.

Please complete one application including everyone in your household. * Required information.

STEP 1	Primary Parent/Guardian Information Please tell us who is the primary parent or guardian of this household. This person will receive the Summer EBT card and notices if your household is eligible.				
First Name *		Middle Initial	Last Name *		Suffix
Date of Birth MM/DD/YYYY					
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
STEP 2	Household Information Please enter your address. This is where we will mail the Summer EBT card and notices.				
Address *			City *	State *	Zip *
Primary Phone Number		Secondary Phone Number		Email	
What is your language preference for notices and letters? <input type="checkbox"/> English <input type="checkbox"/> Spanish		What is your preferred method of communication? <input type="checkbox"/> Email <input type="checkbox"/> Primary phone number <input type="checkbox"/> Mail <input type="checkbox"/> Secondary phone number		Is anyone in your household receiving SNAP (food benefits), TANF (cash assistance), or Medicaid? * <input type="checkbox"/> No <input type="checkbox"/> Yes Case Number:	
STEP 3	Student Information - School Year 2023-2024 (Please attach another sheet of paper if you need to add more students.) Please enter the information for each student in your household who was enrolled in Pre-K through Grade 12 at a Delaware school during school year 2023-2024.				
Student 1	First Name *		Middle Initial	Last Name *	
Suffix	Date of Birth MM/DD/YYYY				
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Check any status that applies: <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Migrant		Grade	Student ID	School District	School Name *
Student 2	First Name *		Middle Initial	Last Name *	
Suffix	Date of Birth MM/DD/YYYY				
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Check any status that applies: <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Migrant		Grade	Student ID	School District	School Name *



Student 3	First Name *	Middle Initial	Last Name *	Suffix	Date of Birth MM/DD/YYYY
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Check any status that applies: <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Migrant	Grade	Student ID	School District	School Name *	
Student 4	First Name *	Middle Initial	Last Name *	Suffix	Date of Birth MM/DD/YYYY
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Check any status that applies: <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Migrant	Grade	Student ID	School District	School Name *	
STEP 4	Additional Household Members (Please attach another sheet of paper if you need to add more people in your household.) Please enter the information for other adults and children living in your household. Include everyone living with you who shares income and expenses even if they are not related to you or are temporarily away from home. Include children who are not students at a Delaware school in this section.				
Person 1	First Name *	Middle Initial	Last Name *	Suffix	Date of Birth MM/DD/YYYY
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Person 2	First Name *	Middle Initial	Last Name *	Suffix	Date of Birth MM/DD/YYYY
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Person 3	First Name *	Middle Initial	Last Name *	Suffix	Date of Birth MM/DD/YYYY
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Person 4	First Name *	Middle Initial	Last Name *	Suffix	Date of Birth MM/DD/YYYY
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Person 5	First Name *	Middle Initial	Last Name *	Suffix	Date of Birth MM/DD/YYYY
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number	MCI Number	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	



STEP 5

Household Income (Please attach another sheet of paper if you need to add more income.)

You must tell us about all the income received by everyone in your household. Enter the gross amount of income before taxes or deductions. Enter a "0" in any box where there is no income to report. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of person receiving income * First Name, Last Name	Earnings from Work * Enter salaries, wages, cash bonuses, tips, commissions, self-employment income	How often received? *	Public Assistance, Child Support, Alimony * Enter unemployment benefits, workers' compensation, cash assistance, veteran's benefits, strike benefits, Supplemental Security Income (SSI), alimony, child support	How often received? *	Pensions, Retirement, All Other * Enter Social Security/Disability, private pensions, disability benefits, income from trusts or estates, annuities, investment income, interest income, rental income, other regular cash payments to your household	How often received? *
	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Source: Amount \$:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

STEP 6

Authorized Representative Consent (Optional)

You may have someone who is not in your household help you fill out this application. This person must be age 18 or older.

You give permission for the person listed below to apply for benefits, report changes, and make inquiries for your household for Summer EBT.

First Name	Middle Initial	Last Name	Suffix	Date of Birth MM/DD/YYYY	
Address			City	State	Zip
Primary Phone Number	Secondary Phone Number		Email		



STEP 7 Rights and Responsibilities

If your family plans to move or has recently moved, you should apply for Summer EBT in the state where your child will complete the school year immediately before the summer period. If we have confirmed that your child is not enrolled in a Delaware school and moved to another state, your child will not be eligible for Summer EBT in Delaware.

You may have someone who is not in your household help you fill out the application. This is called an authorized representative. With your permission, your authorized representative may complete, sign, and submit the application for you. You can add, change, or remove an authorized representative at any time by contacting us.

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for Summer EBT without an application. Please contact your State or Indian Tribal Organization (ITO) to get Summer EBT for a foster child, and children who are homeless, migrant, or runaway.

Some information you give us may be checked using electronic sources. By completing this application, you agree that Delaware Health and Social Services may use these electronic sources to see if you are eligible.

Information we collect about you is private. Only people who have the need and legal right may see your information. To learn how the Division of Social Services uses and discloses your personal information, visit <https://www.dhss.delaware.gov/dhss/dss/regs.html> to view our privacy notice.

You have the right to a fair hearing if you do not agree with a decision or action we take on your Summer EBT application. You have until 90 days after the summer period to request a hearing.

USDA Nondiscrimination Statement (The contact information below is for civil rights complaints only. See page 1 for instructions on how to return your application.)

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 online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.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.

STEP 8 Certification Statement and Signature

- I certify (promise) that all information on this application is true and correct and that all income is reported.
- I understand that I may have to give more information or proof of my household's circumstances.
- I confirm that my household is not already receiving Summer EBT benefits in Delaware or another state.
- I understand that this information is given in connection with the receipt of federal funds, and that State officials may verify (confirm) the information.
- I am aware that if I purposefully give false information, my children may lose Summer EBT benefits, and I may be prosecuted under applicable State and Federal laws.
- I have read and understand the Certification Statement and Rights and Responsibilities and agree to these terms.

REQUIRED SIGNATURE
You must sign to complete your application.

Parent/Guardian Signature *

Parent/Guardian Printed Name *

Date *

Authorized Representative Signature (Optional)

If you have an authorized representative, they must sign here.

Authorized Representative Signature

Authorized Representative Printed Name

Date

