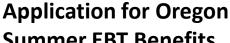
Summer EBT Benefits





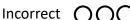




Complete one application per household. Please use a blue or black pen, not a pencil or marker.

How to fill form bubbles: Correct





IMPORTANT

- You can apply faster online. Go to sebt.oregon.gov to start your application or get more information.
- Required information: Questions marked with a star '*' are required. If you do not answer required questions marked with a '*', your application will take longer to be processed.
- Complete all required pages, **SIGN** your application and send to:
 - Email: SummerEBTInfo@odhs.Oregon.gov; or
 - Mail: Oregon Summer EBT Program Center PO Box 14840

Salem, OR 97309

What is Summer EBT?

Summer EBT is an annual grocery benefits program to help families buy food for their school-aged children during the summer. Families will get \$120 per eligible child. Households that participate in SNAP, TANF, or Oregon Health Plan (Medicaid) can be automatically eligible and don't need to apply. Children who are in foster care, enrolled in migrant programs, known by the school to be experiencing houselessness or are attending a Head Start program can be automatically eligible for Summer EBT.

Before You Start - Please review this information to help us process your application.

- 1. Use of 'Household': Household means a group of people, related or not, who live together and share things like food and money.
- 2. Tips for what you need to have ready:



Child Information

- Names and dates of birth
- School and district where each child finished the school year



Household Income

Gross income information (before any taxes or deductions are removed) for all adults and children in the household (see page 2 for more information)



Household Mailing Address

- This address will be used to mail notices and Oregon EBT cards
- If you moved, apply for benefits in the State where your child finished the school year

3. Indicate Preferred Contact Method & Notice Language

You can select your preferred contact method. Submit this page with your application.

- Phone/Text & Email messages are available in English or Spanish. English will be the default language for Phone/Text & Emails unless Spanish is selected.
- 10 languages are available for mailed notices. English will be the default language unless another option is selected.

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Email 🔘	Phone/Text 🔾

Preferred Notice Language?

English 🔘	Español/	русский язык/	Tiếng Việt/	українська/
	Spanish	Russian	Vietnamese	Ukrainian
Af Soomaaliga/	Trukese/	/اللغة العربية	漢語/ Traditional	汉语/ Simplified
Somali	Chuukese	Arabic	Chinese	Chinese

Income Guidelines

Federal income limits are used to determine a child's eligibility for Summer EBT benefits. A household's total gross income, before taxes and deductions are taken out, needs to be below the federal income limit for Summer EBT. To learn more about the federal income limit please visit SEBT.Oregon.Gov.

Income Sources and Examples

Adult Income Sources		
Earnings from Work	Assistance/Unemployment/ Alimony/Child Support	Pensions/Retirement/Other Sources
 Salary, wages, cash bonuses, tips, commissions 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 	 Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Alimony payments Child support payments Veterans benefits Strike benefits 	 Social Security/Disability (including railroad retirement and black lung benefits) Private pensions or disability benefits Income from trusts or estates Annuities Investment income
or privatized housing allowances)Allowances for off-base housing, food, and clothing		 Earned interest Rental income Regular cash payments from outside household

Child Income Sources – Money received from outside your household that is paid DIRECTLY to your children.

- A child has a regular full or part-time job where they earn a salary or wages
- A child is experiencing blindness or a disability and receives Social Security benefits
- A child receives Social Security benefits because their parent is living with a disability, is retired, or is deceased
- 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

Information about Summer EBT Penalties

You will lose food benefits
 12 months for the first offense; 24 months for the second offense; Permanently for the third offense.
24 months for the first offense;Permanently for the second offense.
Permanently.
Permanently.
10 years for each offense.

You can also be fined up to \$250,000 or put in prison for up to 20 years or both, for doing these things. You may also be charged under other federal laws.

If you knowingly do the following	You may be
 Use EBT cards that are not yours; Transfer your EBT cards to other people; Acquire or possess EBT cards that are not yours. 	 Guilty of a felony or misdemeanor; Fined; Put in prison; Ineligible for food benefits for a period of time.

Questions?

Please email the Summer EBT Call Center at SummerEBTInfo@odhs.Oregon.gov

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Summer EBT at SummerEBTInfo@odhs.Oregon.gov or **1-833-673-7328** (voice/text). We accept all relay calls.

STEP 1 Child Information – List each child in your household. Select if you are applying for them and include the school they attend. **The child will only be eligible for Summer EBT if they attend a school that offers free or reduced-price meals.**



For each child listed, report total gross income if any (before taxes and deductions) in whole dollars (no cents) only.

This can include earnings from work, Supplemental Security Income and other income. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that the listed child has no income to report.

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(Continued) STEP 1 Child Information — List each child in your household. Select if you are applying for them and include the school they attend. The child will only be eligible for Summer EBT if they attend a school that offers free or reduced-price meals.

Child 3	First Name *	MI	Date of Birth (Optional)	Do you want to apply for Summer EBT benefits for this child?
Г	Last Name *			Yes No
-	Name of School Attended Durin	g End of School Year (plea	ase leave blank if you do not know or do not wish to provide)	Child Income
			\$	
	Name of School District			Weekly Every 2 Weeks
L	Income Source(s)			2x Month Monthly
				Annually (
L	Ethnicity (Optional)	Racial Heritage (Optional		
	Is this child Hispanic, Yes Latina/o/x/e, or of Spanish ancestry?	Black or Asi African American	ian ()	Hawaiian White Other Other
Child	First Name *	MI	Date of Birth (Optional)	Do you want to apply
4				for Summer EBT
_	Last Name *			benefits for this child?
				Yes No
L	Name of School Attended Durin	g End of School Year (plea	ase leave blank if you do not know or do not wish to provide)	Child Income
			\$	
L	Name of School District			Weekly Every 2
				2x Weeks
L	Income Source(s)			Month Monthly
	, ,			Annually (
L	Ethnicity (Optional)	Racial Heritage (Optional	<i></i>	
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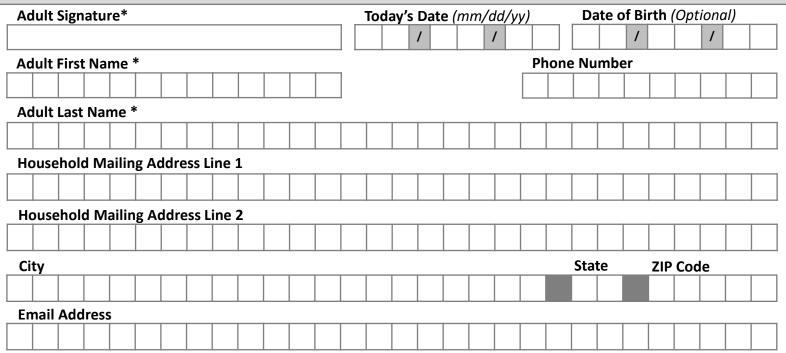
Add more children on pages 9 and 10

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STEP 2 Household Adults and Income - List each adult in the household and their income (before taxes and deductions).

STEP 4 Signature and Contact Information - Provide your signature and printed name to certify the application. List the best way to contact you. Items with * are required fields.

By signing, "I certify (promise) that all information on this application is true, and that all income has been reported. I understand that this information is given in connection with the receipt of Federal funds, and that the Oregon Department of Human Services may verify (confirm) the information. I am aware that if I purposely give false information, I may be ineligible or have to repay benefits, and I may be prosecuted under applicable State and Federal laws."



Use of Information Statement, Categorical Eligibility Statement, and Information Disclosure Statement - 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 ITO to get Summer EBT for a foster child, and children who are homeless, migrant, or runaway. This institution is an equal opportunity provider.

USDA Non-Discrimination 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 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:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

<u>Fax:</u> (833) 256-1665 or (202) 690-7442; or

Email: Program.Intake@usda.gov



This page is only required if you are using an authorized representative to help fill out and submit your application.

(Optional) Authorized Representative Signature – You may choose someone to be an authorized representative. An authorized representative is someone that you know that can help you apply and submit information.

By signing, "I certify (promise) that all information on this application is true, and that all income has been reported. I understand that this information is given in connection with the receipt of Federal funds, and that the Oregon Department of Human Services may verify (confirm) the information. I am aware that if I purposely give false information, I may be ineligible or have to repay benefits, and I may be prosecuted under applicable State and Federal laws."

A. Do you want to give permission to an authorize for benefits for you?	ed repres	sentative to apply	Yes 🔾	No 🔾										
B. If YES -> Please have the authorized representa	itive sign a	and fill out their infor	mation below:											
Authorized Representative Signature Today's Date (mm/dd/yy)														
Representative First Name	MI	Organization												
Representative Last Name														
Email Address														
Phone Number														

Application Disclaimers and Statements

Rights and Liability of an Authorized Representative

An authorized representative may do things such as the following for the client(s): Sign and submit applications, report changes, and receive copies of notices and other communication.

An authorized representative acts on behalf of the client(s) for the ODHS Summer EBT program they apply for or receive. This will apply to all clients on the case. The authorized representative listed on this form will replace any previously designated authorized representatives on the case. The person or organization that is chosen as the authorized representative will remain the authorized representative until:

- A client on the case tells ODHS that they want to end this approval; or
- The authorized representative tells ODHS that they want to end this approval; or
- The person or organization is no longer permitted to act as the client's authorized representative

If the authorized representative gives wrong or incomplete information to ODHS and the information results in an overpayment, the clients and any other liable parties will have to pay back what they should not have received. If the authorized representative knowingly withholds or gives wrong information, the authorized representative will also have to pay it back.

The authorized representative must maintain the confidentiality of any information provided by ODHS regarding anyone listed on the application or case as well as adhere to any other relevant state and federal laws concerning conflicts of interest and confidentiality of information.

Oregon Administrative Rules: 461-115-0090.

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Ethnicity (Optional)

Is this child Hispanic,
Latina/o/x/e, or of
Spanish ancestry?

Racial Heritage (Optional)

Middle Eastern
or North African

American Indian
or Alaska Native

Native Hawaiian
or Pacific Islander

Other

(Extra Space) STEP 1 Child Information Child First Name * MI Date of Birth (Optional) Do you want to apply 7 for Summer EBT benefits for this child? Last Name * Yes () No() **Child Income** Name of School Attended During End of School Year (please leave blank if you do not know or do not wish to provide) \$ Every 2 Name of School District Weekly (Weeks 2x Monthly(Income Source(s) Month Annually (**Ethnicity** (Optional) Racial Heritage (Optional) Is this child Hispanic, White (Yes (Middle Eastern American Indian Native Hawaiian Black or Asian (Latina/o/x/e, or of African American or North African or Alaska Native or Pacific Islander No(Other (Spanish ancestry? Child First Name * MI Date of Birth (Optional) Do you want to apply 8 for Summer EBT benefits for this child? Last Name * Yes () No() **Child Income** Name of School Attended During End of School Year (please leave blank if you do not know or do not wish to provide) \$ Every 2 Name of School District Weekly (Weeks 2x Monthly(Income Source(s) Month Annually (**Ethnicity** (Optional) Racial Heritage (Optional) Is this child Hispanic, Yes (White (Native Hawaiian

Middle Eastern

or North African

Asian 🔘

African American

No(

Latina/o/x/e, or of

Spanish ancestry?

American Indian _

or Pacific Islander

or Alaska Native

Other

(Extra Space) STEP 2 Household Adults and Income				Assistance,	Pensions, Retirement, Social	
			Earr	nings from Work *	Unemployment, Child Support & Alimony *	Security, Supplemental Security Income & Other Income *
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Adult 5	First Name * Last Name *	Date of Birth (Optional) MI MI	Wee 2x Mor	Weeks O	\$ Weekly Every 2 Weeks 2x Month Monthly Annually	\$ Weekly Every 2 Weeks 2x Month Monthly Annually
Adult 6	First Name * Last Name *	Date of Birth (Optional) MI MI	Wee 2x Mor	Weeks Weeks	\$ Weekly Every 2 Weeks 2x Month Monthly Annually	\$ Weekly Every 2 Weeks 2x Month Monthly Annually
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