

Application for Oregon 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 ● Incorrect ○○○

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 homelessness 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.

Preferred Contact Method?

Email ☐ Phone/Text ☐

Preferred Notice Language?

English ☐

Español/
Spanish ☐

русский язык/
Russian ☐

Tiếng Việt/
Vietnamese ☐

українська/
Ukrainian ☐

Af Soomaaliga/
Somali ☐

Trukese/
Chuukese ☐

اللغة العربية/
Arabic ☐

漢語/
Traditional Chinese ☐

汉语/
Simplified 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 |
| <ul style="list-style-type: none">Salary, wages, cash bonuses, tips, commissionsNet income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">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">Unemployment benefitsWorkers' compensationSupplemental Security Income (SSI)Alimony paymentsChild support paymentsVeterans benefitsStrike benefits | <ul style="list-style-type: none">Social Security/Disability (including railroad retirement and black lung benefits)Private pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household |

| Child Income Sources – Money received from outside your household that is paid DIRECTLY to your children. |
|---|
| <ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wagesA child is experiencing blindness or a disability and receives Social Security benefitsA child receives Social Security benefits because their parent is living with a disability, is retired, or is deceasedA friend or extended family member regularly gives a child spending moneyA child receives regular income from a private pension fund, annuity, or trust |

Information about Summer EBT Penalties

| If you do the following... | You will lose food benefits... |
|---|--|
| <ul style="list-style-type: none"> • Hide information or make false statements; • Use Electronic Benefits Transfer (EBT) cards that belong to someone else; • Use food benefits to buy alcohol or tobacco; • Trade or sell benefits or EBT cards; • Dump containers only for the cash redemption value; • Resell food bought with food benefits for cash. | <ul style="list-style-type: none"> • 12 months for the first offense; • 24 months for the second offense; • Permanently for the third offense. |
| <ul style="list-style-type: none"> • Trade food benefits for controlled substances such as drugs. | <ul style="list-style-type: none"> • 24 months for the first offense; • Permanently for the second offense. |
| <ul style="list-style-type: none"> • Trade food benefits for firearms, ammunition or explosives. | <ul style="list-style-type: none"> • Permanently. |
| <ul style="list-style-type: none"> • Trade, buy or sell food benefits of \$500 or more. | <ul style="list-style-type: none"> • Permanently. |
| <ul style="list-style-type: none"> • Give false information about who you are or where you live so you can get extra food benefits. | <ul style="list-style-type: none"> • 10 years for each offense. |
| <p>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.</p> | |
| If you knowingly do the following... | You may be... |
| <ul style="list-style-type: none"> • Use EBT cards that are not yours; • Transfer your EBT cards to other people; • Acquire or possess EBT cards that are not yours. | <ul style="list-style-type: none"> • 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.

Child

1

First Name *

MI

Date of Birth (Optional)

 / /

Last Name *

Name of School Attended During End of School Year (please leave blank if you do not know or do not wish to provide)

Name of School District

Income Source(s)

Ethnicity (Optional)

Is this child Hispanic,
Latina/o/x/e, or of
Spanish ancestry? Yes ☐
No ☐

Racial Heritage (Optional)

Black or African American ☐ Asian ☐ Middle Eastern or North African ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other ☐

Do you want to apply
for Summer EBT
benefits for this child?

Yes ☐ No ☐

Child Income

\$

| | |
|--------------------------------|-------------------------------------|
| Weekly <input type="radio"/> | Every 2 Weeks <input type="radio"/> |
| 2x Month <input type="radio"/> | Monthly <input type="radio"/> |
| Annually <input type="radio"/> | |

Child

2

First Name *

MI

Date of Birth (Optional)

 / /

Last Name *

Name of School Attended During End of School Year (please leave blank if you do not know or do not wish to provide)

Name of School District

Income Source(s)

Ethnicity (Optional)

Is this child Hispanic,
Latina/o/x/e, or of
Spanish ancestry? Yes ☐
No ☐

Racial Heritage (Optional)

Black or African American ☐ Asian ☐ Middle Eastern or North African ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other ☐

Do you want to apply
for Summer EBT
benefits for this child?

Yes ☐ No ☐

Child Income

\$

| | |
|--------------------------------|-------------------------------------|
| Weekly <input type="radio"/> | Every 2 Weeks <input type="radio"/> |
| 2x Month <input type="radio"/> | Monthly <input type="radio"/> |
| Annually <input type="radio"/> | |

(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)

Last Name *

Name of School Attended During End of School Year (please leave blank if you do not know or do not wish to provide)

Name of School District

Income Source(s)

Ethnicity (Optional)

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ☐ No ☐

Racial Heritage (Optional)

Black or African American ☐

Asian ☐

Middle Eastern or North African ☐

American Indian or Alaska Native ☐

Native Hawaiian or Pacific Islander ☐

White ☐ Other ☐

Do you want to apply for Summer EBT benefits for this child?

Yes ☐ No ☐

Child Income

\$

| | |
|--------------------------------|-------------------------------------|
| Weekly <input type="radio"/> | Every 2 Weeks <input type="radio"/> |
| 2x Month <input type="radio"/> | Monthly <input type="radio"/> |
| Annually <input type="radio"/> | |

Child
4

First Name *

MI

Date of Birth (Optional)

Last Name *

Name of School Attended During End of School Year (please leave blank if you do not know or do not wish to provide)

Name of School District

Income Source(s)

Ethnicity (Optional)

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ☐ No ☐

Racial Heritage (Optional)

Black or African American ☐

Asian ☐

Middle Eastern or North African ☐

American Indian or Alaska Native ☐

Native Hawaiian or Pacific Islander ☐

White ☐ Other ☐

Do you want to apply for Summer EBT benefits for this child?

Yes ☐ No ☐

Child Income

\$

| | |
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| Weekly <input type="radio"/> | Every 2 Weeks <input type="radio"/> |
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Add more children on pages 9 and 10

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

- A.** Do you or any of your household members participate in any of these programs: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Oregon Health Plan (Medicaid)? **If you provide a ONE case number, then you do not need to provide the names of all household members and income information in Step B.**

If **NO** -> Continue to Step B

If **YES** -> Please provide your ONE case number or write unknown if you do not know:

Case Number (Not Oregon EBT Number):

| | | | | | | | | | |
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| | | | | | | | | | |
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- B.** List all household adults (including yourself). For each adult listed, report total gross income if any (before taxes and deductions) in whole dollars (no cents) only. 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 household person has no income to report.**

| | Total Adult Members | Total Child Members | Date of Birth (Optional) | Earnings from Work * | Assistance, Unemployment, Child Support & Alimony * | Pensions, Retirement, Social Security, Supplemental Security Income & Other Income * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Annually <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Weekly <input type="radio"/> | Every 2 Weeks <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2x Month <input type="radio"/> | Monthly <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annually <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name * | | | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Add more adults on page 11

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."

Adult Signature*

Today's Date (mm/dd/yy)

 / /

Date of Birth (Optional)

 / /

Adult First Name *

Phone Number

Adult Last Name *

Household Mailing Address Line 1

Household Mailing Address Line 2

City

State

ZIP Code

Email Address

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

Fax: (833) 256-1665 or (202) 690-7442; or

Email: Program.Intake@usda.gov



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 authorized representative to apply for benefits for you? Yes ☐ No ☐

B. If YES -> Please have the authorized representative sign and fill out their information below:

Authorized Representative Signature

Today's Date (*mm/dd/yy*)

| | | | | | | | |
|--|--|---|--|--|---|--|--|
| | | / | | | / | | |
|--|--|---|--|--|---|--|--|

Representative First Name

MI

Organization

[illegible]

□

[illegible]**Representative Last Name**[illegible]

Email Address

[illegible]**Phone Number**[illegible]

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.

(Extra Space) STEP 1 Child Information

| | | | | |
|--------------------|---|--|--|--|
| Child 5 | First Name * | MI | Date of Birth (Optional) | Do you want to apply for Summer EBT benefits for this child? Yes <input type="radio"/> No <input type="radio"/> |
| | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 30px;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">/ /</div> | |
| | Last Name * | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |
| | Name of School Attended During End of School Year <i>(please leave blank if you do not know or do not wish to provide)</i> | | | |
| | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| | Name of School District | | | |
| | Income Source(s) | | | |
| | Ethnicity (Optional) | Racial Heritage (Optional) | | |
| | Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes <input type="radio"/> No <input type="radio"/> | Black or African American <input type="radio"/> Asian <input type="radio"/> Middle Eastern or North African <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Other <input type="radio"/> | | |

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|--------------------------------|--|-----------|---------------------------------|--|--|--|--|--|--|--|------------------------------|-------------------------------------|--|--|--|--|--------------------------------|-------------------------------|--|--|--|--|--------------------------------|--|--|--|--|--|
| Child 6 | First Name * | MI | Date of Birth (Optional) | Do you want to apply for Summer EBT benefits for this child? Yes <input type="radio"/> No <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Last Name * | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of School Attended During End of School Year <i>(please leave blank if you do not know or do not wish to provide)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of School District | | | Child Income \$ <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Weekly <input type="radio"/></td> <td colspan="5">Every 2 Weeks <input type="radio"/></td> </tr> <tr> <td>2x Month <input type="radio"/></td> <td colspan="5">Monthly <input type="radio"/></td> </tr> <tr> <td colspan="6">Annually <input type="radio"/></td> </tr> </table> | | | | | | | Weekly <input type="radio"/> | Every 2 Weeks <input type="radio"/> | | | | | 2x Month <input type="radio"/> | Monthly <input type="radio"/> | | | | | Annually <input type="radio"/> | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekly <input type="radio"/> | Every 2 Weeks <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2x Month <input type="radio"/> | Monthly <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annually <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Income Source(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Ethnicity (Optional) Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes <input type="radio"/> No <input type="radio"/> | | | Racial Heritage (Optional) Black or African American <input type="radio"/> Asian <input type="radio"/> Middle Eastern or North African <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Other <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | |
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(Extra Space) STEP 1 Child Information

7

Last Name *



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Yes ☐ No ☐

Name of School District

Income Source(s)

Racial Heritage (Optional)

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ☐ No ☐

Black or African American ☐ Asian ☐ Middle Eastern or North African ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other ☐

| | | | |
|--------------------------------|--|-------------------------------------|--|
| Weekly <input type="radio"/> | | Every 2 Weeks <input type="radio"/> | |
| 2x Month <input type="radio"/> | | Monthly <input type="radio"/> | |
| Annually <input type="radio"/> | | | |

8

Last Name *

11

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|--|--|---|--|---|--|--|

Yes ☐ No ☐

Name of School District

Income Source(s)

Racial Heritage (*Optional*)

Is this child Hispanic, Latina/o/x/e, or of Spanish ancestry? Yes ☐ No ☐

Black or African American ☐ Asian ☐ Middle Eastern or North African ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other ☐

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|--------------------------------|-------------------------------------|--|--|--|--|--|
| \$ | | | | | | |
| Weekly <input type="radio"/> | Every 2 Weeks <input type="radio"/> | | | | | |
| 2x Month <input type="radio"/> | Monthly <input type="radio"/> | | | | | |
| Annually <input type="radio"/> | | | | | | |

