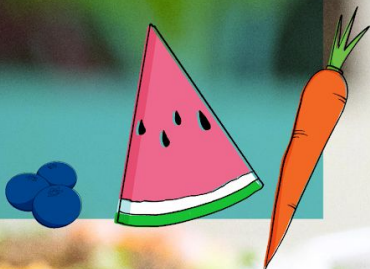


SUMMER NUTRITION SUMMIT

DECEMBER 9-10, 2024



Prioritizing Impact:

Strategic Innovations in Summer EBT Customer Service

Summer Nutrition Summit 2024



**Morgan
McKinney**

Sr. Process
Innovation
Associate, APHSA

**Shannon
Yearwood, MPP,
GPHAP**

Bureau Chief,
Connecticut State
Department of
Education

Zachary Gonzales

SNAP Coordinator,
New Mexico
Health Care
Authority

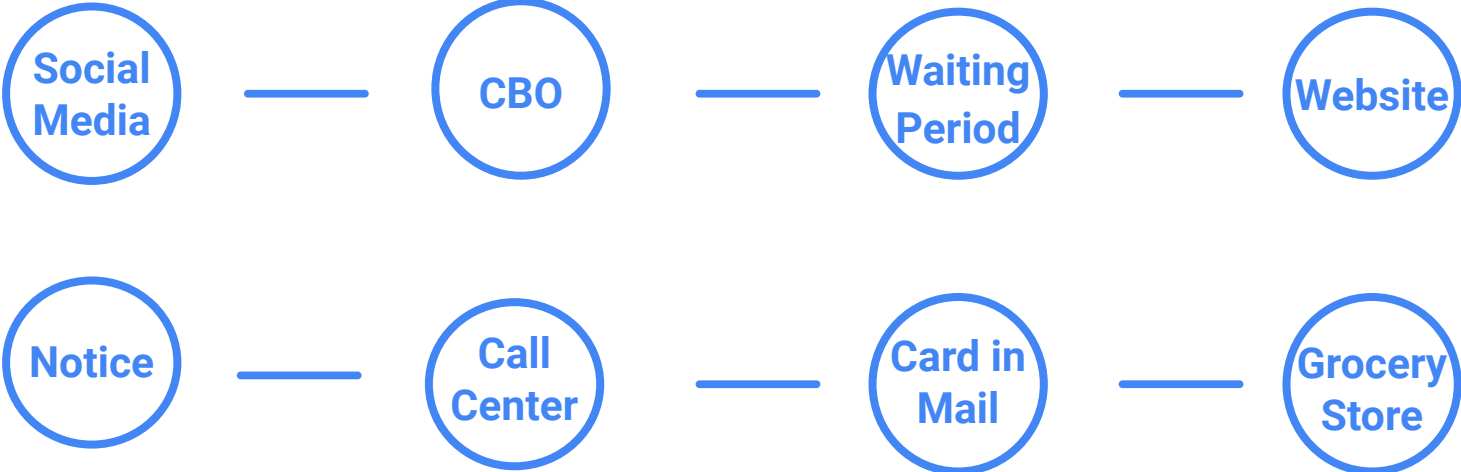
Agenda

- Welcome and Introductions
- Customer Service Overview
- CT's NutriLink Application
- NM's Family Portal
- Panel Discussion
- Q&A





CUSTOMER SERVICE OVERVIEW





A UNIVERSE OF OPPORTUNITIES



CONNECTICUT
Education

2024-2025

Summer EBT Customer Service

December 9, 2024

Connecticut State
Department of Education



CT Paper Application



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Page 1

2024 Application for Summer Electronic Benefits Transfer (S-EBT) Program

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

Apply online at: <https://portal.ct.gov/sebt>
Return to S-EBT Program
PO Box 280747
East Hartford, CT 06128

STEP 1 List ALL children who are infants and students up to and including grade 12. If more spaces are required for additional names, attach another sheet of paper.

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for S-EBT.	Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No		Foster	Head Start	Homeless or Runaway
	<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"/>

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA client ID number here and then go to STEP 4 (Do not complete STEP 3).

If NO, > Go to STEP 3

Write only one DSS Client ID in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL gross income (before taxes and deductions) earned by all Child Household Members listed in STEP 1 here.

Child Income: \$ How often? Weekly Bi-Weekly 2x Monthly Monthly Annual

B. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related including you.)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source 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 there is no income to report.

Name of Adult Household Members (First & Last Name)	Earnings from Work	How often received?				Public Assistance/ Child Support/Alimony	How often received?				VA benefits, All other income	How often received?			
		Weekly	Bi-Weekly	2x Monthly	Monthly		Annual	Weekly	Bi-Weekly	2x Monthly		Monthly	Annual	Weekly	Bi-Weekly
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: Biweekly is Every 2 Weeks

Total Household Members (Children and Adults – Step 1 & Step 3) Last Four Digits of Social Security Number of Primary Wage Earner or Other Adult Household Member X X X X X X Check if no social security number

STEP 4 Contact Information and Adult Signature. Return completed form to: S-EBT Program, PO Box 280747, East Hartford, CT 06128

I certify (promise) that all information on this application is true and that all income is reported. I certify that no one on this application is receiving summer EBT benefits in another state or TFO. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose S-EBT benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Signing the Form Signature of Adult Today's Date

Mailing Address Apt # Town or City State Zip Daytime Phone



CT Paper Application



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2024 Application for Summer Electronic Benefits Transfer (S-EBT) Program

Sources of Income			Examples of Income for Children
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income	
<ul style="list-style-type: none"> • Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) If you are in the U.S. Military: <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 benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans' benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household 	<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 benefits • 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

OPTIONAL Children's Racial and Ethnic Identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

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 S-EBT.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

State Use Only – Do Not Write Below This Line

The Determining Official (DO) for the state MUST complete this section. (Only convert to annual income if there are different frequencies of income listed in Step 3.)
 Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

Directly Certified (DC) based on the State DC List as eligible for: SNAP TFA OT FM (Free Medicaid) RM (Reduced Medicaid) Date Certified on DC List: _____

SNAP/TFA Household providing proof (must be confirmed by DO) of a handwritten client ID number Foster Child Confirmed Head Start Confirmed Homeless or Runaway

Income Household: Total household income: _____ per _____ Household Size: _____

Application determination: S-EBT with income < 130% S-EBT with income 130-185% Application Denied

Date Notice Sent: _____ Signature of DO: _____ Date: _____

Use of Information 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.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, "Check if no Social Security Number". Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

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.

Return completed form to PO Box 280747, East Hartford, CT 06128.

The contact information below is solely to file a complaint of discrimination

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

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: Program.intake@usda.gov

This institution is an equal opportunity provider.

* Do not mail applications to this address, only complaints of discrimination.



CT Paper Application



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How to Apply for S-EBT

Please use these instructions to help you fill out the application for S-EBT benefits. You only need to submit one application per household, even if your children attend more than one school in Connecticut. The application must be filled out completely to determine the eligibility of your children for S-EBT benefits. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact the Summer EBT Program at 1-844-503-6871. *Note: If you intend to move or have recently moved, please apply for benefits in the state where your child completes the school year immediately preceding summer 2024.*

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

<p>Step 1: List ALL children, infants, and students up to and including grade 12</p> <p>Tell us how many infants/toddlers, children not in school, and school students live in your household. They do NOT have to be related to you to be a part of your household.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> • Children age 18 or under AND are supported with the household's income; • In your care under a foster arrangement, through a court or state/local agency, or qualify as homeless or runaway youth; • Students attending (regardless of age) a school participating in the National School Lunch Program (NSLP). 			
<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, please print clearly. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for "middle initial". Print the first letter of each child's middle name in the "MI" section.</p>	<p>B) Is the child a student? List the name of the school (optional), the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. <i>Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</i></p>	<p>D) Are any children homeless, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and complete all steps of the application. Homeless, Runaway and Head Start status must be confirmed with the appropriate program staff. If the status cannot be confirmed, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</p>
<p>Step 2: Do any household members currently participate in SNAP or TFA?</p> <p>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for S-EBT:</p> <ul style="list-style-type: none"> • The Supplemental Nutrition Assistance Program (SNAP) • Temporary Family Assistance (TFA) 			
<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in SNAP or TFA:</p> <ul style="list-style-type: none"> • Write a DSS client ID for SNAP or TFA. You only need to provide one DSS client ID. If you participate in one of these programs and do not know your DSS client ID, it is on all documents sent by DSS as well as the front of your EBT card. Note: If you only receive HUSKY Medical Benefits, please leave this field blank as it is only for households that receive SNAP or TFA. • Go to STEP 4. 		
<p>Step 3: Report income for all household members</p> <p>How do I report my income?</p> <ul style="list-style-type: none"> • Use the charts titled "Sources of Income" and "Examples of Income for Children," printed on the back side of the application form, to determine if your household has income to report. • Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. <ul style="list-style-type: none"> ○ Gross income is the total income received before taxes. ○ Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay. • Write a "0" in any fields where there is no income to report. Any income fields left empty or blank 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 will be investigated. • Mark how often each type of income is received using the check boxes to the right of each field. 			



CT Paper Application

How to Apply for S-EBT

<p>3.A. Report income earned by children</p> <p>A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.</p> <p>What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>			
<p>3.B. Report income earned by adults</p> <p>Who should I list here?</p> <ul style="list-style-type: none"> When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, <i>even if they are not related and even if they do not receive income of their own.</i> Do NOT include: <ul style="list-style-type: none"> People who live with you but are not supported by your household's income AND do not contribute income to your household. Infants, children and students already listed in STEP 1. 			
<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <i>Do not list any household members you listed in STEP 1.</i> If a child listed in STEP 3, part A, has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.</p> <ul style="list-style-type: none"> What if I have multiple jobs? List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary. What if I am self-employed? List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered. 	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <i>Do not report the cash value of any public assistance benefits NOT listed on the chart.</i> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>	
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.</p> <ul style="list-style-type: none"> What if I receive income from multiple sources in this category? List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary. 	<p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for S-EBT.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."</p>	
<p>Step 4: Contact information and adult signature</p> <p><i>All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.</i></p>			
<p>A) Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p> <p><i>Please return the application directly to the Summer EBT Program. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for S-EBT benefits will be delayed.</i></p>	<p>C) Mail completed form to: S-EBT Program PO Box 230747 East Hartford, CT 06128</p>	<p>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for S-EBT.</p>



Summer EBT



Before You Begin...

there are few things you should know.

Most children who are eligible to receive Summer EBT (S-EBT) benefits will receive them *without* needing to complete an **S-EBT**  application

You **DO NOT NEED** to fill out an S-EBT application if...

- Your children are aged 5-18 anytime between July 1, 2023, and August 31, 2024, and receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance Program (TFA), or HUSKY A with family income less than 185% FPL.
- Your children are categorically eligible for free meals based on their participation in Head Start, or because of their homeless, foster, migrant, or runaway status;
- Your school-aged children are directly certified because of their participation in other public assistance programs. This includes Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance Program (TFA), and Medicaid.



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Summer EBT

If your children cannot be certified through any of the pathways listed above, or if you are not sure if your children qualify through any of the above, you will have to apply for S-EBT benefits. You may apply by clicking “Get Started” below.

Your US citizenship or immigration status does not affect your eligibility for S-EBT benefits and will not be shared. The benefits received through the S-EBT program are not subject to public charge consideration. You will not be deported, denied entry to the country, or denied permanent status because you applied for or receive S-EBT benefits.

If you have questions at any point during the application, click the Help button to get help with the current section.



Summer EBT



Connecticut Summer EBT Application

Things You'll Need

We compiled a list of the information you might need to complete the application.

- You may be prompted to enter your children's State Assigned Student ID, also known as SASID. If so, it would be helpful to have this number available. The SASID is typically found on your children's report card. This number will help S-EBT staff process your application. If you don't know this number, you can contact your school.
- You'll be asked to select the school name and/or school district for each student in your household. S-EBT staff will need to verify your child's enrollment status to be approved for S-EBT benefits.
- If you participate in **SNAP** or **TFA**, you will need to know your Client ID number (not your card or account number), it begins with '00' or '10'.



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Summer EBT



- If you do not participate in either of the above assistance programs, you will need to report your total household income. In that case...
- if anyone in your household has a job, you may need to reference the earnings statements or pay stubs to report your gross income (before taxes or deductions), which is different from the amount you actually receive in your paycheck.
- if anyone receives Social Security or retirement benefits, you may need to gather the benefit statements to report the gross amount and frequency of the payments.
- you may also need to reference other financial documents for additional sources of income.

Still not sure if you have everything you need? Don't worry! The income section of the application contains detailed instructions and explanations about the sources of income you must include, and you can gather additional information then. It is important to include all sources of income.

If you still have questions about the S-EBT program, call the CT S-EBT Hotline at 1-844-503-6871, Monday – Friday 8:30am – 5:00pm EST.

I agree to the [Terms of Use](#)



Nutri-Link



Connecticut Summer EBT Application

Help

- 1 Begin
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- 4 Other Kids
- 5 Adults
- 6 Summary

I Certify (Promise)...

that all information on this application is true and that all income is reported.

I understand that this information is given in connection with the receipt of Federal funds, and that I am not already receiving Summer EBT benefits in another state, territory, or ITO. I understand that officials may verify (check) the information. I am aware that if I purposely* give false information, my children may lose Summer EBT benefits.

Enter the name of the adult household member or authorized representative completing the application.

First Name *required*

Adult

Middle Name

Last Name *required*

Name

Suffix (e.g. Jr., Sr., I, II, III)

Today's Date

12/2/2024

**Deliberate misrepresentation of information may subject applicants to prosecution under applicable State and Federal criminal statutes.*

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Connecticut Summer EBT Application Help

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List the names of the **students** in your household who attend school in Connecticut and are applying for Summer EBT benefits.

Student

State Assigned Student ID (SASID)

First Name *required*

Middle Name

Last Name *required*

Suffix (e.g. Jr., Sr., I, II, III)

Where does Student go to school ?

School Name

Other

Grade

Select Grade

Birth Date

Month Day Year

Remove Student



Nutri-Link



Connecticut Summer EBT Application

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If anyone in your household participates in **SNAP** or **TFA** then student(s) are eligible for Summer EBT.

A household is defined as a group of people, related or unrelated, that usually live together and share income and expenses.

This includes grandparents or other extended family members that are living with you. It also includes people that are not currently living with you, but are only away on a temporary basis, like kids that are away at college. It includes people regardless of age or whether they earn or receive income.

If you need more detailed information, see the "WHO SHOULD I INCLUDE IN MY HOUSEHOLD?" question in Help.

If anyone in your household (including you) currently participates in any of the following programs, please select one or more of the checkboxes below. If not, press continue.

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance Program (TFA)

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Connecticut Summer EBT Application

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No problem! There are other ways to qualify.

Does Jane live with you under a formal (court-ordered) foster care arrangement?

- Yes
- No





Nutri-Link



Connecticut Summer EBT Application

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Your children can also qualify for Summer EBT benefits if any of these apply.

Does Jane receive assistance under the McKinney-Vento Homeless Assistance Act?

If not, but your household lacks a permanent address, or stays together in a shelter, hotel, or other temporary housing arrangement, contact Connecticut for help.

- Yes
- No

Does Jane participate in the Migrant Education Program (MEP)?

If not, but you moved your household into a different school district within the last three years to gain or look for temporary/seasonal work in agriculture or fishing, contact Connecticut for help.

- Yes
- No

Does Jane participate in a program under the Runaway and Homeless Youth Act?

If not, but he/she chose to leave his/her prior family or household, contact Connecticut for help.

- Yes
- No

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Connecticut Summer EBT Application

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The next few questions are about your **children's income**.

Some common sources of income for children are:

- a full-time or part-time job,
- **Social Security** benefits, if the child is blind or disabled, or is the **beneficiary** of another person's Social Security benefits
- **money** regularly received from extended family or friends outside the household, or
- money from a **pension**, **annuity**, or **trust**

Do not include infrequent earnings, such as income from occasional baby-sitting or mowing lawns.

Does Jane have income from any of these, or any other, sources?

- Yes
- No

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Connecticut Summer EBT Application

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Jane

Does Jane have income from any of the following sources?

Income reported here should be the child's **current** gross income.

Gross income means all money earned or received before deductions, such as income taxes, social security taxes, and insurance premiums. You should not report net income, which is the amount of money received in a pay check. Net income is total (or gross) income, minus taxes and deductions, and is commonly referred to as "take home pay."

Money earned from a full or part-time job

- Yes
- No

\$15 hourly

20 hours per week

✓ \$300 per week

+ Add Income Source

Supplemental Security Income (SSI) or Social Security survivor benefits


- Yes
- No




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Connecticut Summer EBT Application


Help | 


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Okay, it looks like we will need more information about your **household**  and income in order to determine if you are eligible for benefits.

Let's talk about the other kids in the house, and then we'll move on to the adults. Other than Jane are there any other children in your household? Don't forget to include:

- students that are in grade 12 or below and attend school in a state other than Connecticut, or children who are homeschooled
- children that attend day care or pre-school, or are not of school age, including infants
- anyone 18 years of age or younger living in your household that does not currently attend school

Summer EBT 

USDA | SUN BUCKS 



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Okay, now let's talk about the adults in your household.


Not including **Adult**, what other adults live in the household?

Remember, for the purposes of applying for Summer EBT benefits, a household is defined as a group of people, related or unrelated, that usually live together and share income and expenses.

Don't forget about:

- grandparents or other extended family members that are living with you
- Also include people that are not currently living with you, but are only away on a temporary basis, like:
 - kids (over the age of 18) who are away at college,
 - members of your family that are in the military, and are deployed

Include adults regardless of age or whether they earn or receive income.

 Add another adult

Back

No other adults





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Summer EBT



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Adult

This page is all about [Adult](#)

On questions about income, all amounts should be Adult's **current** [gross income](#).

Gross income means **all money earned or received before deductions** such as income taxes, social security taxes, and insurance premiums. You should not report **net income**, which is the amount of money received in a pay check.

Is Adult in the military?

- Yes
- No

Does Adult have earnings from work including salary, wages, tips, commissions, cash bonuses, or net income from self-employment, not including earnings from the military?

- Yes
- No

Does Adult have income from public assistance including Supplemental Security Income (SSI), or cash assistance, or housing subsidies from state or local government?

- Yes
- No

Does Adult have income from alimony, or child support?

- Yes
- No

Does Adult have income from unemployment benefits, Veteran's benefits, worker's compensation, strike benefits, or Social Security Disability Insurance (SSDI)?



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Legal Statements

Almost done! Please read and acknowledge the following legal statements.

Use Of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT. 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.

USDA 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 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



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Summary

Awesome, you finished!

Here is a summary of the information you provided in the application. We encourage you to save or print this screen for your records. If everything looks good, click the "Submit" button at the bottom of the page.

Students attending school in Connecticut [✕](#)

- Jane Doe
 - Full or part-time job — \$300 per week [✕](#)

Adults [✕](#)

- Adult Name [✕](#)
 - Salary/Wages — \$950 per month [✕](#)

Assistance program case numbers [✕](#)

- (none)

Contact Information [✕](#)

Adult Name
210 Capitol Avenue
Hartford, Connecticut 06106

Total household income

\$11400 per year

I certify* that **2 PEOPLE** are in my household and that our household income is about **\$11400 PER YEAR**

*I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose Summer EBT benefits. Deliberate misrepresentation of information may subject applicants to prosecution under applicable State and Federal law.

Print | [Go back](#) | [Next](#)



Data

Paper

- File Date
- Contact First and Last Name
- Phone
- HH Size
- Student First and Last Name
- Grade
- Mailing Address
- School and District
- Income
- SNAP/TFA/Foster/Homeless/Runaway/Migrant
- Last 4 SSN/No SSN

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- All Fields in Paper Application
- + SASID
- + Date of Birth
- + Ethnicity
- + Race
- + Language of App (Spanish/English) and Preferred
- + Receive additional information re other benefit programs
- + Email
- + Income Determination; Free, Reduced-Priced, Over-income



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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.





HUMAN
SERVICES
DEPARTMENT



SUN BUCKS PARENT PORTAL

MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS



We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

ERA of the PEOPLE

Vision: Work as one team, centered around excellence and innovation, devoted to passionately serving and empowering New Mexicans to better their lives



Our customers

We commit to our customers - We commit to excellent customer service by treating each New Mexican with dignity and respect to ensure every qualified individual receives timely and accurate benefits



Our culture

We cultivate our culture - We cultivate an empowering, trusting, and collaborative environment to achieve excellence in our work and our impact on New Mexicans



Our people

We invest in our people - We invest in our people through recognition and development opportunities in order to grow passionate, committed leaders within ISD



Our systems

We innovate our systems - We harness innovation to ensure our systems facilitate efficient work, access to services, and communication



BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil

SUN BUCKS PARENT PORTAL

We learned from the PEBT experience

Goal is to ensure that every parent in NM will know what the SUN Bucks status is for their student.

If a family is not found on a Direct or Streamline certification list they will be sent to the application within our online Unified Portal



NM SUN BUCKS '25 AND BEYOND

<p>Our goal is to get 100% of families in the state to navigate to our SUN Bucks Parent Portal.</p>	<p>The parent will know how their student was determined eligible.</p>
<p>Parents will be aware of the amount and proposed date for the initial issuance.</p>	
<p>If the student is not direct or Streamline certified Student data captured during the lookup will get added to the application.</p>	<p>We will provide a Real-Time Eligibility decision to the family.</p>



2025 AND BEYOND SUMMER EBT IMPACT

Reduce the Number of duplicate or unnecessary applications received.

100% of families will be aware of their SUN Bucks eligibility status

NM SUN BUCKS CONTACTS:
ZACHARY GONZALES

ZACHARY.GONZALES2@HCA.NM.GOV

MARIA GHAHATE MARIA.GHAHATE@HCA.NM.GOV