



Summer EBT Application

PLEASE USE BLACK OR DARK BLUE **INK**, PRINT NEATLY, & COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD

1. Legal guardian information- Mailing addresses will be used to mail EBT cards as applicable, please print neatly.

Your Name (First, Middle, Last)	Birthday (Month, Day, Year)	Social Security Number	
Mailing Address	Street Address (If different from Mailing Address)		
City	State	Zip	Telephone

2. List all household members (If additional space is needed, please attach a separate sheet of paper)

Last	First	DOB MM/DD/YY	Social Security Number (optional)	Race (Optional)	Ethnicity (Optional)

3. Enrollment (each student in the household) If additional space is needed, please attach a separate sheet of paper.

Student's Name	Grade	School	In foster care?	Homeless, migrant, or runaway?	Home schooled, or attending a non-NSLP school?
			Y or N	Y or N	Y or N
			Y or N	Y or N	Y or N
			Y or N	Y or N	Y or N
			Y or N	Y or N	Y or N
			Y or N	Y or N	Y or N
			Y or N	Y or N	Y or N

4. Benefits Currently Received (Circle all that apply - optional)

If any member of your household receives SNAP/Medicaid/WV Works/TANF, indicate which program.

SNAP

TANF/WV Works

Medicaid

Case Number: _____

5. Authorized Representative/Legal Guardian

You may appoint someone outside of your household to act for your household to make an application. This person should know your household's situation well enough to give any information needed to determine your eligibility, and will include information from your tax returns. You are still responsible for the information that anyone acting as your authorized representative gives, including any information that may be incorrect. If you want to appoint someone for this, write his/her name and address here.

Name: _____ Phone: _____ Address: _____

6. Earned Income

This portion is for anyone in the household who receives income from employment, including self-employment. List all gross income before deductions.

Name	Name of Employer	Rate of Pay	Amount per pay period	How often received

7. Other Income and Benefits

If anyone in your household receives, or has applied for any of the following income or benefits, check the box next to the benefit and then complete the section below.

☐ Adoption Assistance	☐ Education Grants or loans	☐ Money from rental income	☐ Temporary Cash Assistance
☐ Alimony	☐ Lump Sum Cash Amounts	☐ Pension or Retirement	☐ Unemployment
☐ Black Lung Benefits	☐ Military Allotment	☐ Railroad Retirement	☐ Union Benefits
☐ Child Support	☐ Mineral Rights	☐ SSI	☐ Veteran's Pension/Benefits
☐ Disability/Sick or Maternity Benefits	☐ Money from friends or relatives	☐ Social Security	☐ Worker's Compensation

Name	Type of Benefit	Amount	Frequency

8. Income Eligibility

Students whose household income is at or below the limit for their household size may be eligible for Summer EBT.

Federal Income Chart For School Year July 1, 2025- June 30, 2026					
Household Size	Yearly	Monthly	Twice per month	Every Two Weeks	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Each additional person:	10,175	848	424	392	196

9. Rights and Responsibilities

By activating/using the child's Summer EBT card, you are agreeing to the following:

I understand that SEBT is to be used to buy food or seeds for the child named on the Summer EBT card. SEBT cannot be used to buy pre-prepared hot meals. I cannot sell my child's SEBT or use someone else's SEBT for myself. I cannot use SEBT to buy drugs or alcohol. I understand I cannot use SEBT to buy food on credit. This means I cannot buy food already bought or food to be received at a later date. I cannot use SEBT benefits to buy soda. This includes regular, diet, or zero-calorie.

I understand that if I am the guardian of a student in foster care and the child is no longer in my household, I must turn over the Summer EBT card to the child's DoHS caseworker. SEBT is not a reimbursement; the benefit is for the child who has been determined eligible.

I understand that I cannot do or try to do the following in public, private, or online: buy, sell, trade, steal, or otherwise use SEBT benefits for cash gain, or other reasons; buy food in containers with deposits and throw away the product to receive cash refund deposits; and buy and sell food first bought with SEBT for cash gain or other reasons. Any of these actions are known as trafficking. Trafficking is dealing or trading in something illegal.

I understand that if I use an SEBT benefit for a child who does not spend at least half-time in my household, or does not reside in West Virginia, the WV Office of Inspector General (OIG) may find reason to investigate. I may be required to pay back any SEBT benefits which I am found to have spent that were not used for the child whose name is listed on the Summer EBT card.

Persons who have been found guilty of an Intentional Program Violation (IPV) will be disqualified as follows:

- **First Offense: One Year**
- **Second Offense: Two Years**
- **Third Offense: Permanent**

I understand that each student can only receive one Summer EBT benefit, and that the student must receive Summer EBT in the state they most recently resided in.

Households that intend to move or have recently moved, should apply for benefits in the state or ITO where their child will complete or completed the school year immediately preceding the summer operational period.

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 to get Summer EBT for a foster child and children who are homeless, migrant, or runaway. Please contact DoHS Office of Constituent Services at 1-877-716-1212 for questions or concerns.

10. 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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be 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 agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may 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 (833) 620-1071, 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:

- 1) Mail: Food and Nutrition Service, USDA 1320 Braddock Place, Room 334, Alexandria, VA 22314; or
- 2) Fax: (833) 256-1665 or (202) 690-7442; or
- 3) Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

For additional information or concerns pertaining to Summer EBT, guardians or households should contact the Department of Human Services Office of Constituent Services at 1-877-716-1212. This application is being made in connection with Federal Funds.

11. Signature

I certify (promise) that all information on this application is true, that all income is reported, and that this benefit is not already being received in another state. I understand that the West Virginia Office of Inspector General may verify (check) the information. I understand that if I give incorrect or false information, I may be required to repay any benefits I receive and/or be prosecuted for fraud.

Signature

Date

This institution is an equal opportunity provider.