

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 a new, 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

- Income information 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

The following federal income requirements 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 at or below these amounts to be determined eligible for Summer EBT.

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
+1	\$9,953	\$830	\$415	\$383	\$192

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, commissions Net 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 benefits Workers’ compensation Supplemental Security Income (SSI) 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

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 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

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 call the Summer EBT Call Center at **1-833-673-7328**. The Call Center is open Monday through Friday from 8 a.m. to 5 p.m., PST.

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 (mm/dd/yy) * / /

Last Name *

Name of School Attended During End of School Year *

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 Every 2 Weeks

2x Month Monthly

Annually

Child 2

First Name *

MI

Date of Birth (mm/dd/yy) * / /

Last Name *

Name of School Attended During End of School Year *

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 Every 2 Weeks

2x Month Monthly

Annually

(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 *

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MI

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Date of Birth (mm/dd/yy) *

		/			/		
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Last Name *

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Name of School Attended During End of School Year *

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Name of School District

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Income Source(s)

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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 *

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MI

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Date of Birth (mm/dd/yy) *

		/			/		
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Last Name *

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Name of School Attended During End of School Year *

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Name of School District

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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"/>					

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:

Case Number (Not Oregon EBT Number):

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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 (mm/dd/yy)	Earnings from Work *	Assistance, Unemployment, Child Support & Alimony *	Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *	
Adult 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/>	\$ <input type="text"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/>	\$ <input type="text"/> 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 *		
			<input type="text"/>				
Adult 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/>	\$ <input type="text"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/>	\$ <input type="text"/> 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 *		
			<input type="text"/>				
Adult 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/>	\$ <input type="text"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/>	\$ <input type="text"/> 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 *		
			<input type="text"/>				

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 (mm/dd/yy)

 / /

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



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 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 [text box] Today's Date (mm/dd/yy) [grid] Representative First Name [grid] MI [grid] Organization [grid] Representative Last Name [grid] Email Address [grid] Phone Number [grid]

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
7

First Name *

MI

Date of Birth (mm/dd/yy) *

____ / ____ / ____

Last Name *

Name of School Attended During End of School Year *

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 Every 2 Weeks
2x Month Monthly
Annually

Child
8

First Name *

MI

Date of Birth (mm/dd/yy) *

____ / ____ / ____

Last Name *

Name of School Attended During End of School Year *

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 Every 2 Weeks
2x Month Monthly
Annually

(Extra Space) STEP 2 Household Adults and Income

Adult 4

First Name *

Last Name *

MI

Date of Birth (mm/dd/yy)

Earnings from Work *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Assistance, Unemployment, Child Support & Alimony *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Adult 5

First Name *

Last Name

MI

Date of Birth (mm/dd/yy)

Earnings from Work *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Assistance, Unemployment, Child Support & Alimony *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Adult 6

First Name *

Last Name *

MI

Date of Birth (mm/dd/yy)

Earnings from Work *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Assistance, Unemployment, Child Support & Alimony *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Adult 7

First Name *

Last Name

MI

Date of Birth (mm/dd/yy)

Earnings from Work *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Assistance, Unemployment, Child Support & Alimony *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

\$

Weekly Every 2 Weeks

2x Month Monthly

Annually