

DO I QUALIFY FOR A \$302 P-EBT CARD FOR EACH OF MY CHILDREN?

Question 1:

Do you have a school age child? *Younger children attending day care do not qualify*

Question 2:

Can you answer YES to any 1 of these questions?

1) Is your child **currently in foster care**?

OR

2) Does your child **attend any of the schools below**?

Any school in these districts:

- Ferguson-Florissant school district
- Hancock Place school district
- Jennings school district
- Normandy school district
- Ritenour school district
- Riverview Gardens school district
- St. Louis City school district
- University City school district

These schools in the Hazelwood school district: Arrowpoint elementary, East middle, Grannemann elementary, Jury elementary, Keeven elementary, Larimore elementary, Southeast middle, and Twillman elementary.

These schools in Special School District: Ackerman, Litzsinger, North County Technical, and Northview

OR

3) Do you meet the household **income guidelines** below?

# Household Members	Maximum Monthly Household Income for P-EBT Card
2	\$2,607
3	\$3,289
4	\$3,970
5	\$4,652
6	\$5,333
7	\$6,015
8	\$6,696

Question 3:

At school during 2019-20, did your child receive school meals through the National Free/Reduced Lunch Program?

If your children attended a private or charter school, they probably did not receive free/reduced cost meals, and unfortunately they will not qualify for a P-EBT card.

IF YOU CAN ANSWER YES TO ALL 3 OF THE QUESTIONS ABOVE, FILL OUT THE P-EBT APPLICATION. YOU SHOULD QUALIFY!

STEP BY STEP INSTRUCTIONS FOR FILLING OUT THE APPLICATION YOURSELF ONLINE

- * Go to www.emergencymealsurvey.com/MO
 - Remember the deadline is June 30, 2020
 - It will take 3-6 weeks after you submit your application to receive your P-EBT card in the mail
 - The \$302 is a one-time payment for the March, April and May meals your child did not receive at school due to COVID-19.
 - You cannot look online to verify if your application has been submitted. If you hit the “submit” button and got the confirmation screen with an application number, you’re good! Write down the application number just in case you need it in the future
- * The first few questions are easy (see below)

Pandemic Electronic Benefits Transfer (PEBT) Application

Complete this application if your student received or qualifies to receive free and reduced lunch. Do not complete the application if your household receives Food Stamps (SNAP) in March 2020 as your benefits will automatically be loaded to your Electronic Benefit Transfer (EBT) card. You must complete the entire application for it to be processed.

Phone Number

Enter your phone number

Location

Select your county

Head of Household (Applicant)

Tell us about the adult who will be our contact for this application



* For the question: **Are you a Resource Parent to children in foster care?**

If your household includes a school age child who is currently in foster care, answer YES!

Head of Household (Applicant)
Tell us about the adult who will be our contact for this application

First Name *
Foster

Last Name *
Parent

Middle Name

Date of Birth *
1/1/1973

Email (Optional)

Do you have a social security number
 Yes No

Social Security Number
123-45-6789

Household address as reported to school
 Check if you are homeless and do not have an address

Address Line 1 *
1750 S. Brentwood Blvd

Address Line 2

City *
Saint Louis

State *
Missouri

ZIP Code *
63144

Mailing address is same as above

Do you currently receive SNAP benefits in another state
 Yes No

Are you a Resource Parent to child(ren) in Foster Care?
 Yes No

* For the question: **Is this a Special Provision school?**

If your school or school district was listed on page 1 above, answer YES!

Children in Household
Tell us about the school-age children

Add a Child

Household Size and Income
Tell us about your household including

Household Size *

Add a Member

Digital Signature
I certify that the information I have given is true and correct.

USDA Nondiscrimination Statement
its Agencies, offices and employees, on race, color, national origin, sex, religious creed, disability, age, or genetic information, shall not be discriminated against by USDA.

Persons with disabilities who require alternative means of communication should contact the Agency (State or local) Relay Service at (800) 877-6339.

I'm not a robot

Add a Child

First Name *
Jimmy

Last Name *
[Empty]

Middle Name

Date of Birth *
[Calendar icon]

District *
[Dropdown]

School *
[Dropdown]

Check if your child's school district and/or school is not listed

Is this a Special Provision school?
 Yes No I don't know

Does this child have a social security number?
 Yes No

Add

* Next, you're asked to add the school age children.

* For the question: **Does the child have a social security number?**

If you are a foster parent and you do not have the child's social security question, DSS has instructed us that you may answer "No" to this question.

Children in Household
Tell us about the school-age children

Add a Child

Household Size and Income
Tell us about your household including

Household Size *

Add a Member

Digital Signature
I certify that the information I have given is true and correct.

USDA Nondiscrimination Statement: It is the policy of the United States Department of Agriculture (USDA) to assure that its Agencies, offices and employees do not discriminate on the basis of race, color, national origin, sex, religious creed, disability, age, or marital status. Persons with disabilities who require alternative means of communication (Braille, large print, audiotape, sign language, etc.), should contact USDA through Federal Relay Service at (800) 877-8339. Additionally, program information may be available in languages other than English.

I'm not a robot

reCAPTCHA

Add a Child

First Name * Jimmy Last Name * Middle Name

Date of Birth *

District *

School *

Check if your child's school district and/or school is not listed

Is this a Special Provision school?

Yes No I don't know

Does this child have a social security number?

Yes No

Add

* The last questions are about household size and income. You do NOT include your foster care subsidy as income, but you DO include your adoption subsidy as income under "Monthly Income - Other".

Children in Household
Tell us about the school-age children (pre-kindergarten – 12th grade)

Add a Child

Household Size and Income
Tell us about your household including

Household Size * 2

Add a Member

Digital Signature
I certify that the information I have given is true and correct.

USDA Nondiscrimination Statement: It is the policy of the United States Department of Agriculture (USDA) to assure that its Agencies, offices and employees do not discriminate on the basis of race, color, national origin, sex, religious creed, disability, age, or marital status. Persons with disabilities who require alternative means of communication (Braille, large print, audiotape, sign language, etc.), should contact USDA through Federal Relay Service at (800) 877-8339. Additionally, program information may be available in languages other than English.

I'm not a robot

reCAPTCHA

Add a Member

First Name * Foster Last Name * Parent Middle Name

Income

Did this member receive income in March 2020? Yes No

\$ Monthly Income (Work) \$ Monthly Income (Assistance)

\$ Monthly Income (Personal Use) \$ Monthly Income (Other)

Did this member receive income in April 2020? Yes No

Did this member receive income in May 2020? Yes No

Add