

RECONSIDERATION FOR STUDENT PANDEMIC EBT (P-EBT) BENEFITS

INSTRUCTIONS

Instructions for Families

***To Qualify for full P-EBT benefit:**

Davis School District student(s) whose schedule was 100% virtual for at least 20 school days during the month can apply for Reconsideration. Davis Connect students qualified for the full benefit, so should NOT fill out the reconsideration form.

If you have one or more students you would like to be reconsidered for full Pandemic EBT benefits, complete this intake form. This form must be completed and submitted to Davis Nutrition Services, by email, no later than **August 2, 2021**.

Submit this form to:

Email: tlivesey@dsdmail.net

If you have trouble filling out this form, contact:

Tamera Livesey

Email: tlivesey@dsdmail.net

RECONSIDERATION FOR STUDENT PANDEMIC EBT (P-EBT) BENEFITS

RECONSIDERATION FORM

Section 1 – Qualification

Check “Yes” or “No” for each statement below. **You must select all “Yes” answers in order to qualify for reconsideration.** If you do not understand a statement or are unsure of the answer, select Yes and your school district will verify the information.

*Student’s schedule needs to be 100% virtual for 20 days in the month to be eligible for reconsideration. Davis Connect students received the full benefit and should Not fill out the reconsideration form.

	Yes	No
My household was notified by the school foodservice department we are eligible to receive free or reduced-price school meals <i>as a result of direct certification or an income application approval</i> OR my student is enrolled in a Community Eligibility School or Provision 2 school.		
My student is enrolled at a school building that qualifies for P-EBT. Visit the DWS P-EBT webpage https://jobs.utah.gov/covid19/pebt/ and go to link listing eligible schools under the section, “How do I know if I am eligible?”		
My student(s) did not receive the expected partial or full P-EBT benefit. I am asking for a review to reconsider the P-EBT benefit or the amount my student(s) are eligible for.		

Section 2 – Complete this section for each student you would like to be reconsidered for P-EBT benefits. If you have more than four students for whom you would like benefits to be reconsidered, please fill out a second form and attach it to this one.

Student 1 (School ID Number)	Student First Name, Last Name	Student Birthday (mm/dd/yyyy)

School Student is Enrolled-This is the name of the school building where your student attends class or would be attending class if they were going to school in person.

School District	School Building	Months with 20 days or more of virtual learning

Student 2 (School ID Number)	Student First Name, Last Name	Student Birthday (mm/dd/yyyy)

School Student is Enrolled-This is the name of the school building where your student attends class or would be attending class if they were going to school in person.

School District	School Building	Months with 20 days or more of virtual learning

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Student 3 (School ID Number)	Student First Name, Last Name	Student Birthday (mm/dd/yyyy)

School Student is Enrolled-This is the name of the school building where your student attends class or would be attending class if they were going to school in person.

School District	School Building	Months with 20 days or more of virtual learning

Student 4 (School ID Number)	Student First Name, Last Name	Student Birthday (mm/dd/yyyy)

School Student is Enrolled-This is the name of the school building where your student attends class or would be attending class if they were going to school in person.

School District	School Building	Months with 20 days or more of virtual learning

Section 3 – Read Before Signing

- Completing this form is voluntary to be reconsidered for P-EBT benefits.
- I swear that all the information above it true. Making a false statement is considered fraud and/or perjury.
- I understand benefits will be mailed to the address on file with the school.
- The decision on this reconsideration is final. No hearing or appeal is allowed.

Printed Name of Parent or Guardian	Phone Number
Mailing Address	
Signature of Parent or Guardian	Date