

**PANDEMIC EBT APPLICATION FOR STUDENT
SCHOOL YEAR 2021-2022**

INSTRUCTIONS FOR PARENT OR GUARDIAN

TO APPLY:

Complete ONE APPLICATION PER STUDENT. The application must be completed and submitted to your child's district or school no later than August 31, 2022.

SUBMIT THE FORM TO:

Linda Pavon
Davis School District
Freeport West, Bldg G-4, PO Box 160485
Clearfield UT 84016
lpavon@dsdmail.net [FAX] 801-402-7699

If you need assistance filling out the application, contact:

Linda Pavon
Davis School District
lpavon@dsdmail.net
801-402-7647
Monday - Friday 7:00 a.m. to 3:00 p.m.

TO BE CONSIDERED FOR P-EBT BENEFITS

Each student must meet the following qualifications before proceeding to fill out this application.

- 1) The household received notification from the school food service department the student was:
 - a. Directly certified for free or reduced-price school meals for school year 2021-2022; or
 - b. Approved for free or reduced-price meal eligibility through a free and reduced-price meal application for school year 2021-2022; or
 - c. Enrolled in a participating CEP/Provision 2 school.

Important Note: Accessing meals at no charge this school year does not automatically make a student eligible for P-EBT benefits.

- 2) The student is enrolled in a brick-and-mortar school participating in the National School Lunch Program. (Students enrolled in online or virtual only schools are NOT eligible for P-EBT benefits.)

The daily rate for school year 2021-2022 P-EBT benefits is \$7.10 for each eligible day the student qualifies for P-EBT.

Information provided by the parent or guardian will be verified by the district/school and reported to the Utah State Board of Education Child Nutrition Programs. The information will be reviewed and shared with the Utah Department of Workforce Services. If approved, P-EBT benefits will be issued and mailed through the United States Postal Service (USPS) to the address on file with the district/school or provided on this application. The phone number and email address information on the application will be used to contact the parent or guardian if the P-EBT card is returned by USPS due to a non-deliverable address.

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SCHOOL YEAR 2021-2022**

1. Complete the form by writing clearly or typing in the required information below.

School Name

Student School ID or Lunch Number

Student Name

(Last Name, Middle Name, First Name)

Student Date of Birth

(Month, Day, Year)

Parent or Guardian Name

(Last Name, First Name)

Parent or Guardian Phone Number

Parent or Guardian Email Address

Student Mailing Address

**(PO Box or Street, Unit/Apartment #,
City, State, ZIP Code)**

2. Write or type in the dates (for example March 1, 2022 would be written as 3/1/2022) your student had a COVID-related absence from school between September 1, 2021, through May 31, 2022. Do not write or type in dates the school had a scheduled holiday or no school due to a scheduled break. Dates the school switched to at home learning, remote learning, or virtual learning due to COVID will be reported by the district/school separately.

3. Attestation and Signature of Parent or Guardian

- **Completing this form for Pandemic EBT benefits for school year 2021-2022 is voluntary.**

- I swear the information written or typed on the application is true. I understand false information provided is considered fraud and/or perjury.
- I understand if approved for P-EBT benefits the card will be mailed to the address provided on this form.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

SNAP Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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
Email: program.intake@usda.gov.

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