

New York State Summer EBT - Household Application

You can complete this application online at otda.ny.gov/SummerEBT. An online application is the fastest and easiest way to apply!

This application is to determine eligibility for Summer EBT benefits that your child(ren) may qualify for. This form is not for free/reduced price meal eligibility at your child's school. Read the instructions on Page 4, complete **only one** form for your household, sign your name and return it to the address below. A non-household member may be designated as the authorized representative if needed. For more information about Summer EBT, including application submission deadlines, visit otda.ny.gov/SummerEBT.

Mail this completed form to:
NYS Office of Temporary and Disability Assistance
Summer EBT
40 North Pearl Street, 9th Floor
Albany, NY 12243

PART 1. List all children in your household who attend school (attach additional sheet if needed):

Student Name (First and Last Name)	Date of Birth (MM/DD/YYYY) Example: 10/15/2016	Student ID Number (optional)	Name of School Attended in 2025-26 School Year	Check box only if child receives any of the following in 2025-26 school year.			Optional
				Foster Care	Homeless/ runaway/ migrant program	SNAP TA (cash) Medicaid If checked, complete Part 2.	Race/ Ethnicity* Enter letter from below
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	

*RACE/ETHNICITY – Enter the letter that is listed after the category that best describes the student. Responding to this section is optional and does not affect your children's eligibility for Summer EBT.

Hispanic or Latino (H), Native American or Alaska Native (I), Asian (A), Black or African American (B), Native Hawaiian or Pacific Islander (P), White (W), Middle Eastern/North African (M), Unknown or Not Provided (U)

Continue to Page 2

PART 2. SNAP/TA/Medicaid/FDPIR Benefits:

If the student receives SNAP, Temporary (cash) Assistance (TA) or Food Distribution on Indian Reservation (FDPIR) benefits, list the student's name, circle which program they receive, and list the CASE number for that program. Then skip to Part 4 and sign the application. Case number is required.

Name: _____ SNAP TA Medicaid FDPIR CASE # _____

Name: _____ SNAP TA Medicaid FDPIR CASE # _____

Name: _____ SNAP TA Medicaid FDPIR CASE # _____

Name: _____ SNAP TA Medicaid FDPIR CASE # _____

Name: _____ SNAP TA Medicaid FDPIR CASE # _____

PART 3. Household Gross Income:

List **all people** living in your household, including all adults, each child listed above, and any additional children who do not attend school. For each person with any type of income, list how much and how often they are paid (**weekly, every other week, twice per month, monthly**). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	☐

Continue to Page 3

PART 4. Signature: An adult household member must sign this application.

By entering my name below, I certify (promise) that all of the information that I have provided is true and correct, and I am willing to cooperate with any efforts to verify the information provided. I understand that this is not an application for free/reduced priced school meals, and the information provided by me will only be used to determine my child's eligibility for Summer EBT food benefits. I further certify that the child/children in this application are not receiving Summer EBT benefits in another state. This application is being made in connection with the receipt of Federal funds, and if I purposely give false information, my child/children may not be eligible for Summer EBT benefits and I may be subject to prosecution under applicable State and Federal criminal statutes.

Enter the name of the adult household member (or authorized representative) completing the application, sign, and provide contact information. The address and email address will be used to send information about Summer EBT eligibility and Summer EBT benefit cards. Please ensure this information is complete and printed clearly.

Print Name: _____

Signature: _____ **Date:** _____

Email address (optional): _____

Primary Phone: _____

Street address: _____

Apartment/Floor/Unit Number: _____

City/State/Zip: _____

Summer EBT Application INSTRUCTIONS

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) For each child, list date of birth, school name, and Student ID Number. Student ID number is optional but will help process your application more quickly and accurately. This number is assigned to your child by their school and is up to 9 digits. You can ask your child's school for this number if you need it. Students must attend a school that participates in the National School Lunch Program (NSLP) to be eligible.
- (3) Check the box to indicate if the child is a foster child; in a runaway, migrant or homeless program; receiving SNAP/TA or Medicaid; and optional question on race/ethnicity.

PART 2 CHILDREN GETTING SNAP, TA, MEDICAID, OR FDPIR SHOULD COMPLETE PART 2, SKIP Part 3 and SIGN PART 4.

- (1) List a current SNAP, TA, Medicaid, or FDPIR case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** if any child has SNAP, TA, Medicaid, or a FDPIR case number.

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income (Social Security, Unemployment Insurance Benefits, cash amounts received or withdrawn from any source, including savings, investments, trust accounts, and other resources which are available to pay for a child's meals). If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly or 26 times/year), twice per month (24 times/year), or monthly. If no income, check the box.** Households must meet the income guidelines for Summer EBT to be eligible (visit otda.ny.gov/SummerEBT for more information).
- (3) List your home address where the Summer EBT card should be mailed, if applicable. If you intend to move, or have recently moved out of New York State, you should apply for Summer EBT benefits in the State where the child will complete or completed the school year immediately before the summer break.

Use of Information 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.

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.

OTDA-5250 (Rev. 04/26)

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.

Summer EBT Application INSTRUCTIONS

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: (1) MAIL: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) FAX: (833) 256-1665 or (202) 690-7442; or (3) EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

New York State law additionally prohibits discrimination based on race, creed, color, national origin, citizenship or immigration status, sexual orientation, gender identity or expression, military status, sex, disability, marital status, or status as a victim of domestic violence.