

RECONSIDERATION FOR STUDENT PANDEMIC EBT (P-EBT) BENEFITS

INSTRUCTIONS

Instructions for the LEA

Complete all yellow highlighted sections on this page and the final page before distributing this form to families. As with all USDA program materials, use the "I Speak" document to ensure families receive the intake form in the language they need.

Instructions for Families

If you have one or more students you would like to be reconsidered for Pandemic EBT benefits, complete this intake form. This form must be completed and submitted to your district or student's school no later than **August 2, 2021**.

Submit this form to:

Turn form into the front office at 2614 South Decker Lake Lane WVC, Utah 84119 or
Scan and email to juana.andrade@endeavorhall.org (**please do not take pictures of form**)

If you have trouble filling out this form, contact:

Juana Andrade

801-972-1153 Ex:130

Email: Juana.andrade@endeavorhall.org

2614 Decker Lake Lane WVC, Utah 84119

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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.

	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 Name (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 Building	School District
Student 2 Name (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 Building	School District
Student 3 Name (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 Building	School District

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Student 4 Name (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 Building	School District

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

LEA/School Use Only

Date Received:		
Students Eligible for free or reduced-price school meals:	YES	NO
Students Enrolled in a P-EBT qualified school:	YES	NO
[Submit intake form to: _____]		