

Pandemic-Electronic Benefits Transfer (P-EBT)

Important information for parents or guardians of students that are qualified for free or reduced-price school meals for School Year 2021.

What is the Pandemic-EBT Program?

Pandemic Electronic Benefits Transfer (P-EBT) is a benefit to help purchase food for households with children who have temporarily lost access to free or reduced-price meals due to pandemic-related school closures at any time during the 2020-2021 school year.

What makes a school qualify for P-EBT?

- The school must be approved to operate the National School Lunch Program; **and**
- Must have been closed/operating with reduced hours of attendance for 5 or more consecutive days at any time during the 2020-2021 school year.

How are P-EBT benefits determined?

Benefits are determined by a school's P-EBT qualifying date and the main student instruction model during each month.

Who is eligible for P-EBT Benefits?

Students in a household that is approved for free or reduced-price school meals attending a qualifying school may be eligible for P-EBT.

What makes a student eligible for P-EBT?

- Student must be eligible for free or reduced-price school meals; **or**
- Must be enrolled in a Community Eligibility Provision (CEP) or Provision 2 school; **and**
- Your student is not receiving in-person instruction for some or all during the months of September through May 2021.

How can I find out more about P-EBT?

Learn more about the P-EBT program in Utah by visiting:

<https://jobs.utah.gov/covid19/pebt/>.

The website provides a current list of qualifying schools, Frequently Asked Questions, and contact information.



UTAH
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Pandemic-Electronic Benefit Transfer (P-EBT) Reconsideration Information for Parents/Guardians

Important information for parents or guardians of students that would like to have their student's P-EBT benefit level reconsidered.

What is reconsideration?

There may be months when your student's school schedule (hybrid or remote) was different from what the district/school reported (in-person or hybrid) to the state. In that case, parents/guardians may request to have their student's benefit level reconsidered. Students may be P-EBT eligible if they were receiving a hybrid or remote/online learning model in one or more of the following months:

September 2020, October 2020, November 2020, December 2020,
January 2021, February 2021, March 2021, April 2021, May 2021

Who can you contact if you would like to apply to have Pandemic-EBT benefits reconsidered?

Miko Batty
435-781-3185
Miko.batty@uintah.net

What information do you need to provide to the school/district for reconsideration?

Complete a Reconsideration Intake Form available www.uintah.net. The Reconsideration Intake Form will provide information needed to submit the form.

Is there a due date to submit a reconsideration request?

The Reconsideration Intake Form must be fully completed, signed, and submitted to the school/district no later than close of business on August 2, 2021.

Where should you go if you have questions about the P-EBT program or benefits?

The DWS website <https://jobs.utah.gov/covid19/pebt/>. The website provides a current list of qualifying schools, Frequently Asked Questions, and contact information.



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INSTRUCTIONS

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:

In-person or by mail, Uintah School District Child Nutrition Program at
223 S 100 W Vernal, Utah 84078

Via email,

Miko.batty@uintah.net

Sherry.hardman@uintah.net

If you have trouble filling out this form, contact:

Sherry Hardman

435-781-3185

Sherry.hardman@uintah.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.

	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

RECONSIDERATION FOR STUDENT PANDEMIC EBT (P-EBT) BENEFITS

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: miko.batty@uintah.net or sherry.hardman@uintah.net		

RECONSIDERACIÓN PARA LOS BENEFICIOS DE EBT PANDÉMICA PARA ESTUDIANTES (P-EBT)

INSTRUCCIONES

Instrucciones para las Familias
Si tiene uno o más estudiantes al que le gustaría ser reconsiderado para los beneficios de EBT pandémica, complete este formulario de admisión. Este formulario debe ser completado y enviado a su distrito o la escuela del estudiante a más tardar el 2 de agosto de 2021.
Envíe este formulario a: Uintah School District Child Nutrition Program at 223 S 100 W Vernal, Utah 84078 Sherry.hardman@uintah.net
Si tiene problemas para completar este formulario, comuníquese con: Sherry Hardman 435-781-3185 Sherry.hardman@uintah.net

RECONSIDERACIÓN PARA LOS BENEFICIOS DE EBT PANDÉMICA PARA ESTUDIANTES (P-EBT)

FORMULARIO DE RECONSIDERACIÓN

Sección 1 – Calificación

Marque "Sí" o "No" para cada declaración a continuación. **Debe seleccionar todas las respuestas "Sí" para calificar para la reconsideración.** Si no comprende la oración o no está seguro de la respuesta, seleccione "Sí" y su distrito escolar verificará la información.

	Sí	No
Mi hogar fue notificado por el departamento de servicio de alimentos de la escuela que somos elegibles para recibir comidas escolares gratuitas o de precio reducido como resultado de la certificación directa, la aprobación de una solicitud de ingresos o mi estudiante está inscrito en una escuela que está categorizada como CEP o Provision 2.		
Mi estudiante está inscrito en un edificio escolar que califica para P-EBT. Visite la página web de DWS P-EBT https://jobs.utah.gov/covid19/pebt/ y vaya al enlace que contiene las escuelas elegibles en la sección "¿Cómo sé si soy elegible?"		
Mi (s) estudiante (s) no recibió el beneficio parcial o completo esperado de P-EBT. Solicito una revisión para reconsiderar el beneficio P-EBT o la cantidad a la que mi estudiante (s) es elegible.		

Sección 2 – Complete esta sección para cada estudiante que le gustaría ser reconsiderado para los beneficios de P-EBT. Si tiene más de cuatro estudiantes para los que desea que se reconsideren los beneficios, complete un segundo formulario e inclúyalo con éste.

Nombre del estudiante 1 (Nombre, Apellido)	Cumpleaños del estudiante (mes/día/ año)
La escuela que el estudiante está inscrito: este es el nombre del edificio de la escuela donde su estudiante asiste a clase o asistiría a clase si fuera a la escuela en persona.	
Edificio Escolar	Distrito Escolar
Nombre del estudiante 2 (Nombre, Apellido)	Cumpleaños del estudiante (mes/día/ año)
La escuela que el estudiante está inscrito: este es el nombre del edificio de la escuela donde su estudiante asiste a clase o asistiría a clase si fuera a la escuela en persona.	
Edificio Escolar	Distrito Escolar

RECONSIDERACIÓN PARA LOS BENEFICIOS DE EBT PANDÉMICA PARA ESTUDIANTES (P-EBT)

Nombre del estudiante 3 (Nombre, Apellido)		Cumpleaños del estudiante (mes/día/ año)	
La escuela que el estudiante está inscrito: este es el nombre del edificio de la escuela donde su estudiante asiste a clase o asistiría a clase si fuera a la escuela en persona.			
Edificio Escolar		Distrito Escolar	
Nombre del estudiante 4 (Nombre, Apellido)		Cumpleaños del estudiante (mes/día/ año)	
La escuela que el estudiante está inscrito: este es el nombre del edificio de la escuela donde su estudiante asiste a clase o asistiría a clase si fuera a la escuela en persona.			
Edificio Escolar		Distrito Escolar	

Sección 3 – Por favor lea antes de firmar

- Completar este formulario es completamente voluntario para ser reconsiderado para los beneficios de P-EBT.
- Juro que toda la información anterior es cierta. Hacer una declaración falsa se considera fraude y/o perjurio.
- Entiendo que los beneficios se enviarán por correo a la dirección registrada en la escuela.
- La decisión sobre esta reconsideración es definitiva. No se permite audiencia ni apelación.

Nombre impreso del padre o tutor	Número de teléfono
Dirección de envío	
Firma del padre o tutor	Fecha

RECONSIDERACIÓN PARA LOS BENEFICIOS DE EBT PANDÉMICA PARA ESTUDIANTES (P-EBT)

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: miko.batty@uintah.net]		