**School Year 2023-2024**

**Summer EBT and Education Benefits**

**We Must Check Your Application**

**You must send the information requested, or contact [name] by [date].**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We are checking your Summer EBT and Education Benefits Application. Federal rules require that we do this to make sure only eligible children get free or reduced-price Summer EBT. You must send us information to prove that [names of children] are eligible.

This will not impact meals for School Year 2023-2024, as we are participating in the Michigan School Meals program, and all meals will remain at no cost to all families through the end of the school year. However, a non-response may affect eligibility for other programs.

If possible, send copies, not original papers. If you send originals, they will be sent back to you only upon request.

1. If you were participating in the Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these: FAP, FIP, or FDPIR Certification Notice that shows dates of certification.
* Letter from Michigan Department of Health and Human Services that confirms FAP or FIP benefits.
* **Do NOT send your EBT card.**

2. If you get this letter for a homeless, migrant or runaway child, please contact **[school, homeless liaison, or migrant coordinator]** for assistance.

3. **If the child is a foster child**, send official documentation from the agency sponsoring the child.

4. **If you do not get FAP, FIP, or FDPIR for your children:**

Send this page along with documentation that shows the amount of money your household gets from each source of income. For example, paycheck stubs, benefits statements, and/or copies of checks. The back side of this letter has more information about what to send and how you can send it.

The documentation you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received.

Send information to: **[address]**

If you have questions or need assistance, please send an email to **[email address]** or call **[name]** at **[phone number]**. The call is free. **[Toll free or reverse charge explanation].**

Sincerely,

**[Signature]**

**How to Show Eligibility for Summer EBT and Education Benefits**

**Please provide the following information. All documents can be dated from <<the month before application>>, or any month since. Include a copy of this letter when you send your documents.**

**Were you or someone in your household receiving benefits from the Food Assistance Program (FAP), Family Independence Program (FIP) or FDPIR at the time of application, or any time since?**

**IF YES,**please send us your FAP, FIP, or FDPIR Certification Notice that shows dates of certification. OR, you can send a letter from the FAP, FIP, or FDPIR office that shows dates of certification. Do not send your EBT card.

If you send us one of the above documents, you are DONE. You do NOT need to send anything else.

**IF NO,** please read the following options and follow the instructions if they apply to you:

1. **Your child is homeless, migrant or runaway:** Contact <<school, homeless liaison, or migrant coordinator at (xxx)-xxx-xxxx or e-mail>> for help.
2. **Your child is a foster child:** Senddocumentation that verifies your child is the legal responsibility of the agency or court. OR, provide the name and contact information for a person at the agency or court who can verify your child’s foster status.
3. **Your child is not covered by 1 or 2:**Return this letter along with documentation of your household’s sources of income for either the month before application, or any month since. Acceptable documents below. The document(s) must show:
* **Name** of person who received the income
* **Date** received
* **Amount** received
* **How** **often** it was received

**Acceptable Documents for Showing Household Income**

* **Jobs**: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.
* **Social Security, Pensions, or Retirement**: Social Security retirement benefit letter, statement of benefits received, or pension award notice.
* **Unemployment, Disability, or Worker’s Compensation**: Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation office.
* **Assistance Payments**: Benefit letter from the Michigan Department of Health and Human Services office.
* **Child Support or Alimony**: Court decree, agreement, or copies of checks received.
* **All Other Income (Such as Rental Income)**: Information that shows the amount of the income, name of the person who received the income, the date it was received, and how often it was received.
* **Military Housing Privatization Initiative**: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

**If you do not have income,** please send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income**.**

**If you work on a seasonal basis**, call us and we will help you figure out what to send.

**Send this information using any of the following methods:**

* Take pictures of the requested documents with your phone/camera and email them to <<e-mail>>. Be sure to include a photo of this letter, OR the name(s) of the your child(ren) that attend <<school district>> in the email message.
* Mail documents along with this letter to <<address>> using the envelope provided. If possible, send copies rather than original documents. You may also fax documents to <<(xxx)xxx-xxxx>>.
* Come in person to the office located at <<address>> to drop off the documents. Bring this letter with you.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last 4 digits of the social security number of the adult household member signing the application. The last 4 digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the breakfast and lunch programs.

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.

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.

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: [USDA Program Discrimination Complaint Form](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usda.gov%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2FUSDA-OASCR%2520P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf&data=05%7C01%7CSchmalzV%40michigan.gov%7Cc7c438022205468d953208db9904e23e%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C638272018475300366%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=vrXknCACJhreZm8%2B5jHzbjf89UzyDQHi%2FeIoOIGFyaM%3D&reserved=0), 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; or
2. **fax:**
    (833) 256-1665 or (202) 690-7442; or
3. **email:**
    Program.Intake@usda.gov

 This institution is an equal opportunity provider.