



CABINET FOR HEALTH
AND FAMILY SERVICES

**Summer Electronic Benefits
Transfer (SEBT) Application User
Manual for Residents**

Introduction

Summer Electronic Benefits Transfer (SEBT) is a permanent federal child nutrition program offering benefits to students from eligible families, to help cover the cost of meals during the summer when schools are not in session. This Resident SEBT User Manual was created to inform households about the Summer Electronic Benefits Transfer (SEBT) program and how to apply for SEBT benefits using the SEBT Student Portal.

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SEBT Student Portal

As a part of SEBT, each household throughout Kentucky can apply for students enrolled in National School Lunch Program (NSLP) schools. To receive benefits in Summer 2024, an SEBT application must be submitted on or before August 15, 2024. The application takes **10 minutes or less to complete** and must be completed in a single session. If you take a break for **15 minutes or more**, the application will close and the previously entered information will not be saved.

Application Welcome Screen

Below are steps for completing the **Application Welcome** screen:

1. To change the language of the application from “English (English)”, navigate to the **Languages** drop-down and select the option that best fits your needs. The application is available in English and Spanish.
2. Click **Apply Now** under the *Ready to apply for benefits?* section to be directed to the first screen of the application, the **Automatic Eligibility Awareness** screen.
3. Click the **Manage My Application** button under the *Already submitted an application?* section to be directed to the **Application Management Authentication** screen.
4. Review the four sections, which are all expanded on the screen.
 - a. Click the **plus** icon on each additional section or the **Expand All** button to display the information in them.
 - b. Click the **minus** icon on each section or the **Collapse All** button to no longer display the information shown in each section.
 - c. **What is Summer EBT (SEBT)?**: Reviews useful program information and additional guidance for households who may be automatically enrolled.
 - d. **Who should apply for SEBT?**: Outlines which circumstances require households to submit new application.
 - e. **What do I need to apply?**: Provides a summary of all items needed to submit the SEBT application. This includes information required for Parent/Guardians, students, and household members to gather before starting the application process.
 - f. **Where can I find FAQs?**: Provides a link to the frequently asked questions (FAQs) page.

The screenshot shows the 'Welcome to the Kentucky Summer EBT Application' page. At the top left is the 'kynect benefits' logo. To its right is the 'Help & FAQs' link. A language dropdown menu is set to 'English (English)'. The main heading is 'Welcome to the Kentucky Summer EBT Application', followed by the sub-heading 'Here you can apply for the 2024 Summer Electronic Benefits Transfer (SEBT) program'. There are two main action buttons: 'Apply now' (with callout 2) and 'Manage my application' (with callout 3). Below these are 'Expand All' (callout 4a) and 'Collapse All' (callout 4b) buttons. The page contains several expandable FAQ sections: 'What is Summer EBT (SEBT)?' (callout 4c), 'Who should apply for SEBT?' (callout 4d), 'What do I need to apply?' (callout 4e), and 'Where can I find FAQs?' (callout 4f). The footer contains a 'Privacy Policy & Terms of Use' link and a copyright notice for 2024.

1 Languages: English (English) ▾

Welcome to the Kentucky Summer EBT Application

Here you can apply for the 2024 Summer Electronic Benefits Transfer (SEBT) program

2 Ready to apply for benefits? **Apply now**

3 Already submitted an application? **Manage my application**

4a **Expand All** **4b** **Collapse All**

4c **What is Summer EBT (SEBT)?** ⊖

The Summer Electronic Benefits Transfer (SEBT) program provides grocery-buying benefits to low-income families with school-aged children when schools are closed for the summer.

Children ages 6-18 as of August 1, 2023 who received SNAP, KTAP, or Kinship Care benefits during any part of the 2023-2024 school year will be automatically enrolled and **do not** need to apply.

4d **Who should apply for SEBT?** ⊖

You will need to start a new application for students in your household if they:

- Enrolled in a Kentucky NSLP Non-CEP school or NSLP CEP school where they are set to complete or have completed the 2023-2024 school year, and
- Are part of a household which meets the [income requirements](#) for receiving free or reduced price meals, and
- Did not receive SNAP, KTAP, or Kinship Care during any part of the 2023-2024 school year

4e **What do I need to apply?** ⊖

Be prepared with the following information to submit an SEBT application.

Parent/Guardian Information:

- Social Security Number (SSN) if one has been assigned
- Income details
- Contact information

Student's information:

- Social Security Number (SSN) if one has been assigned
- State Student Identifier (SSID) for public school students
- Name of school enrolled during the 2023-2024 school year
- SNAP, KTAP, or Kinship Care benefit status and case number if they received benefits at any time during the school year

Household information:

- Full names and dates of birth for all members of the household
- Income information for all household members

4f **Where can I find FAQs?** ⊖

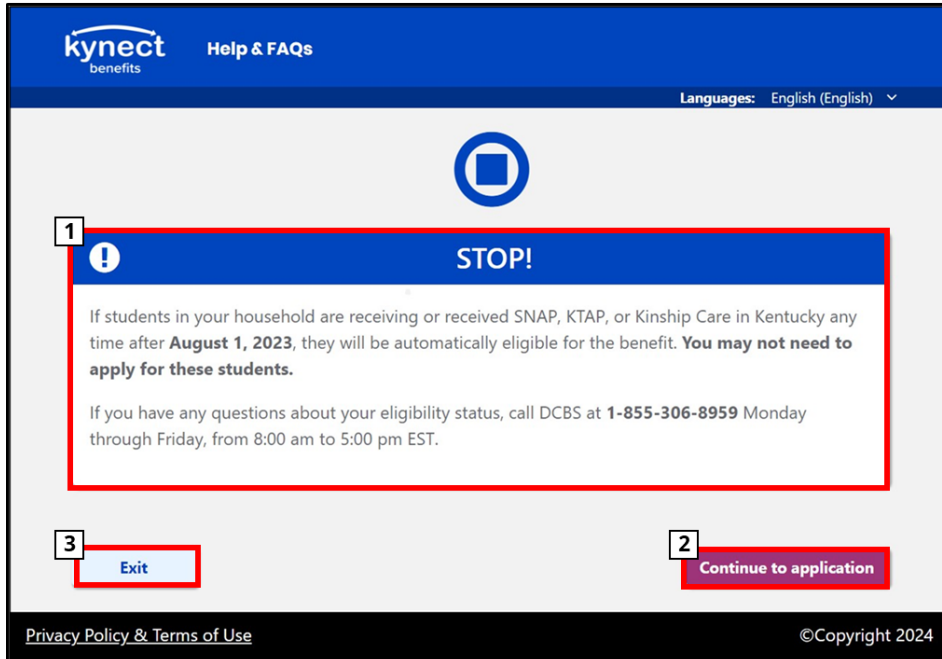
Help completing the application and frequently asked questions (FAQs) can be found [here](#).

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Automatic Eligibility Awareness Screen

Below are steps for completing the **Automatic Eligibility Awareness** screen:

1. Review the **STOP!** section before continuing the application to determine if your student is already receiving SEBT benefits through the Automatic Eligibility determination.
2. Click the **Continue to Application** button to be directed to the **Application Process Overview** screen.
3. Click **Exit** to be directed back to the **Application Welcome** screen.



Application Process Overview Screen

Below are steps for completing the **Application Process Overview** screen:

1. Review each section of information on the **Application Process Overview** screen:
 - a. *Gather Important Information:* Gather the listed information about yourself, your student, and your household.
 - b. *You Complete and Submit the Application:* Complete all fields (including optional fields) and submit the application for review. Please note: If you take a break for **15 minutes** or more the application window will close automatically, and your information will not be saved.
 - c. *We'll Review Your Application Within 15 Days:* After submitting the application for review, processing typically takes **15 days**, and a notice of eligibility will be sent to your preferred address.
 - d. *We'll Contact You Within 15 Days If We Need Anything Else:* If additional information is needed to process your application, you will be contacted using the information provided on your application. This may include documents confirming proof of income used to make a final determination on your application.
2. Click **Back** to return to the previous screen.
3. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
4. Click **Next** to proceed with the application.

kynect benefits Help & FAQs Languages: English (English) ▾

Here's how this works

Expand All | Collapse All

1a **1 Gather important information**

Parent/Guardian Information:

- Social Security Number (SSN) if one has been assigned
- Income details
- Contact information

Student's information:

- Social Security Number (SSN) if one has been assigned
- State Student Identifier (SSID) for public school students
- Name of school enrolled during the 2023-2024 school year
- SNAP, KTAP, or Kinship Care benefit status and case number if they received benefits at any time during the school year

Household information:

- Full names and dates of birth for all members of the household
- Income information for all household members

1b **2 You complete and submit the application**

- The application should take **10 minutes or less** to complete.
- Completing all fields, including optional fields, may help speed up our application review.
- You won't need to upload any forms right now, but you will need to make sure all responses are accurate.
- If you take a break for **15 minutes or more**, the application window will close automatically and your application won't be saved. You will need to start a new application.

1c **3 We'll review your application within 15 days**

- Once your application has been processed, we will send a notice of eligibility to the address you provided.

1d **4 We'll contact you within 15 days if we need anything else**

- We may need proof of income.
- We'll reach out through your preferred method of communication once your application has been approved or denied.

2 Back **3** Exit **4** Next

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Terms and Conditions Screen

Below are steps for completing the **Terms and Conditions** screen:

1. Review the *Application Terms and Conditions* section.
2. Complete the following fields:
 - a. **First Name:** This is a required field.
 - b. **Middle Initial (M.I.):** This is a required field. Although this field is required, it will be disabled if the **I do not have a Middle Initial** checkbox is selected.
 - c. Select the **I do not have a Middle Initial** checkbox if you do not have a middle initial.
 - d. **Last Name:** This is a required field.
 - e. **Suffix:** This is an optional field.
 - f. **Social Security Number (SSN):** This is an optional field. Although this field is optional, not providing this information may lead to a delay in SEBT benefit approval. If able, please provide your SSN to avoid this delay.
 - g. **Date of Birth:** This is a required field. To complete the calendar field, click on the calendar icon and select the appropriate date.
 - h. **Applicant Type:** This is a required field. Select the appropriate option based on your circumstance. If the “I am a student 18 years or older applying for myself” option is selected under **Application Type**, the system automatically populates your information within the *Student Information* section of the **Application Summary** screen.
 - i. Select the **I agree to the terms above** checkbox if you agree to the displayed terms and conditions of the SEBT application. This is a required field.
 - j. **Please enter captcha:** This is a required field. Follow captcha instructions to complete this field.
3. Click **Back** to return to the previous screen.
4. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
5. Click **Confirm** to proceed with the application.

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Terms & Conditions

1 Application Terms & Conditions

Follow these rules

- Do NOT give false information or hide information to get Summer EBT (SEBT) benefits.
- Do NOT trade or sell SEBT benefits.
- Do NOT use SEBT benefits to buy ineligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21 U.S.C. 802.
- Do NOT use someone else's SEBT benefits for your household.
- Do NOT use your SEBT benefits for anyone outside your household.
- Do NOT use your SEBT benefits to pay on a credit account, even if the charge was for SEBT eligible food.

2a * First Name **2b** * M.I.

2c I do not have a Middle Initial

2d * Last Name **2e** Suffix


2f Social Security Number(SSN) **2g** * Date of Birth

2h * Applicant Type

- I am an adult guardian applying for students in my household
- I am a student 18 years or older applying for myself

2i * I agree to the terms above

2j Please enter captcha *

I'm not a robot 

3 Back **4** Exit **5** Confirm

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Contact Information Screen

Below are steps for completing the **Contact Information** screen:


1. Complete the following fields:
 - a. **Do you have a physical address?:** This is a required field.
 - i. Select **Yes** if you have a physical address.
 - ii. Select **No** if you do not have a physical address.
 - b. **Address Line 1:** This is a required field.
 - c. **Address Line 2:** This is an optional field.
 - d. **City:** This is a required field.
 - e. **State:** This is a required field. Kentucky will display; other states can be selected from the drop-down, if applicable.
 - f. **Zip Code:** This is a required field.
2. **Do you have a different mailing address?:** This is a required field.
 - a. Select **Yes** if your mailing address is different from your physical address.
 - b. Select **No** if your mailing address is the same as your physical address.
3. If **Yes** was selected for the **Do you have a different mailing address?** Complete the following steps to record mailing address:
 - a. **Address Line 1:** This is a required field.
 - b. **Address Line 2:** This is an optional field.
 - c. **City:** This is a required field.
 - d. **State:** This is a required field. Kentucky will display; other states can be selected from the drop-down, if applicable.
 - e. **Zip Code:** This is a required field.
4. Complete the following fields:
 - a. **Written Language:** This is a required field.
 - b. **Do you need notices in large print?:** This is an optional field.
 - i. Select **Yes** from the drop-down to generate any notices sent to the household in large print.
 - c. **Cell Phone Number:** This is an optional field.
 - d. **Email Address:** This is an optional field.
5. Review the *Why are we asking this?* section.
6. Select all options that apply in the **Would you like to receive application updates through the phone number or email you entered?** field by selecting from the available options. This is a required field.
7. Click **Back** to return to the previous screen.
8. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
9. Click **Next** to proceed with the application.

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How can we contact you?

1a * Do you have a physical address?
 Yes No


1b * Address Line 1 **1c** Address Line 2
Apartment, Suite, Floor #

1d * City **1e** * State **1f** * Zip Code
KENTUCKY 

2 * Do you have a different mailing address?
 Yes No

4a * Written Language **4b** Do you need notices in large print?
 

4c Cell Phone Number **4d** Email Address
xxx-xxx-xxxx

5 Why are we asking this? 

You are not required to provide this information, but a valid phone number and email address is needed to access your application status and upload documents through the SEBT online portal. By providing your contact information you are consenting to receive messages (Standard data rates may apply).

6 * Would you like to receive application updates through the phone number or email you entered?
Select all that apply

- Phone number and email address
- Email address
- None at this time

Note: You will receive up to five messages this summer. Your preference will remain the same all summer.

7 Back **8** Exit **9** Next

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Address Validation Screen

Below are steps for completing the **Address Validation** screen.

1. Choose the most accurate **Physical Address** from the displayed options:
 - a. Choose **Suggested Address** to proceed with the address recognized by the United States Postal System.
 - b. Choose **Address You Entered** to proceed with the previously entered address.
2. Choose the most accurate **Mailing Address** from the displayed options:
 - a. Choose **Suggested Address** to proceed with the address recognized by the United States Postal System.
 - b. Choose **Address You Entered** to proceed with the previously entered address.
3. Click **Back** to return to the previous screen.
4. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
5. Click **Next** to proceed with the application.

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Confirm your address

We think we found a more accurate address. The suggested address has been recognized by the USPS system.

Physical address

1a Suggested address
700TH ST STE 1001,
FRANKFORT, KY
40615-0431

1b Address you entered
700 street, suite 1001
Frankfort, KY
40615

Mailing address

2a Suggested address
700TH ST STE 1001,
FRANKFORT, KY
40615-0431

2b Address you entered
700 street, suite 1001
Frankfort, KY
40615

3 Back **4** Exit **5** Next

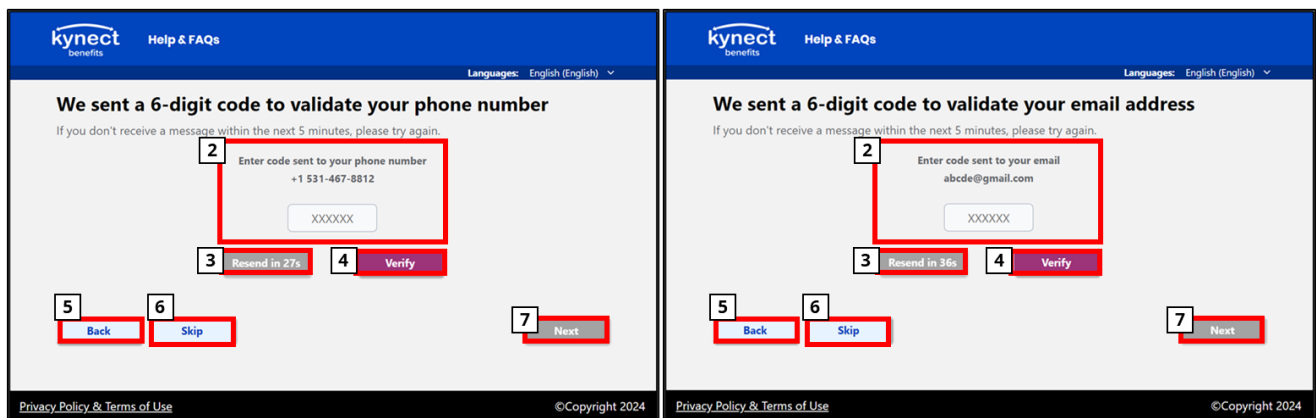
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Multi-factor Authentication (MFA) Screen

Below are steps for completing the **Multi-factor Authentication** screen:

1. A 6-digit code will be sent to the provided contact method when this screen appears.
2. Enter the 6-digit code.
3. Click **Resend** to resend a new code to the provided contact method.
 - a. The **Resend** button will be enabled once the countdown is complete.
4. Click **Verify** to confirm the contact method. If **Verify** is clicked without entering the 6-digit code, the following banner message displays: "You must enter the 6-digit code sent to your contact method."
 - a. Once the contact method has been verified, the **Next** button is enabled.
5. Click **Back** to return to the previous screen.
6. Click **Skip** to skip verification of a contact method. If **Skip** is clicked, you will not have the ability to upload documents in the future and will need to submit documentation via mail or by physically walking-in to a local Department for Community Based Services (DCBS) office.
7. Click **Next** and either the MFA screen appears for the other contact method, or the next screen in the application appears.

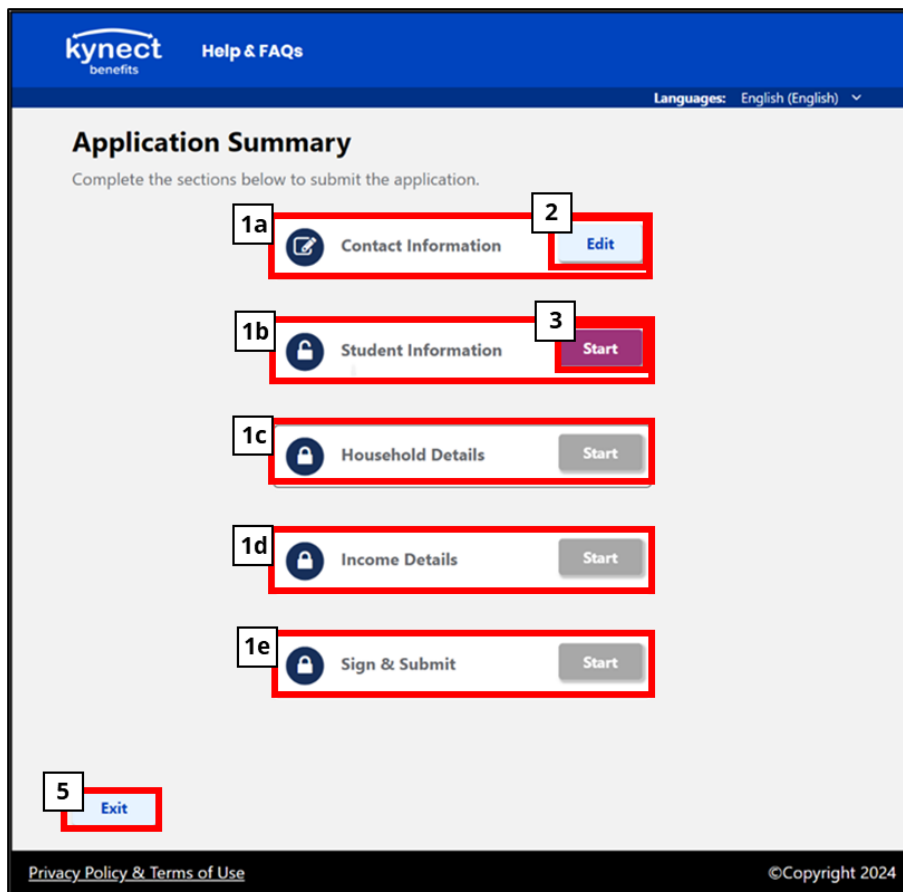
Please note: If the wrong MFA code is entered, the system will show another screen requesting to try again.



Application Summary Screen

Below are steps for completing the **Application Summary** screen:

1. The following sections are displayed in this screen. All sections must be completed to submit the application:
 - a. *Contact Information*
 - b. *Student Information*
 - c. *Household Details*
 - d. *Income Details*
 - e. *Sign & Submit*
2. Click **Edit** to revisit and make changes to any of the completed sections.
3. Click **Start** to advance to each section of the application.
4. If a step is not required for the household, it will not appear and the **Start** button will be unavailable in the **Application Summary**.
5. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.



Student Details Screen

Below are steps for completing the **Student Details** screen:

1. Review the *Tell us about the student you're applying for* section.
2. Complete the following fields:
 - a. **School Type:** This is a required field. Select from the drop-down.
 - b. **School District:** This is a required field. Select from the drop-down. This field is unavailable if Home Schooled or Does Not Attend School are selected as the **School Type**.
 - c. **School Name:** This is a required field. Select from the drop-down. This field is unavailable if "Home Schooled" or "Does Not Attend School" are selected as the **School Type**.
 - d. **State Student Identification Number (SSID):** Complete the 10-digit State Student Identification Number (SSID). This is a required field if a public school is selected in the **School Name** drop-down. This is not a required field if a private school is selected in the **School Name** drop-down, but it is enabled.
 - e. **Student's First Name:** This is a required field.
 - f. **Middle Initial (M.I.):** This is a required field. Although this field is required, it will be disabled if the **Does not have a middle initial** checkbox is selected.
 - g. Select the **Does not have a middle initial** checkbox if you do not have a middle initial.
 - h. **Student's Last Name:** This required field.
 - i. **Student's Suffix:** This is an optional field.
 - j. **Student's Social Security Number (SSN):** This is an optional field.
 - k. **Student's Gender:** This is a required field. Complete this field by selecting an answer from the drop-down.
 - l. **Student's Date of Birth:** This is a required field. Complete this field by selecting the student's date of birth from the calendar.
3. Click **Back** to return to the previous screen.
4. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
5. Click **Next** to proceed with the application.

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Tell us about the student you're applying for

Enter the following information as it appears in legal documents. **If the details you provide do not match the student's legal documentation there may be a delay in benefits.**

Students must attend a NSLP-participating or special provision school to become eligible for benefits. If you don't see the school in the list below, your child does not attend a SEBT-eligible school.

2a * School Type

2b * School District **2c** * School Name

2d State Student Identifier (SSID)

What is this?

The unique 10-digit identification number assigned to the public school student by the Kentucky Department of Education. If you do not have this information, contact your school district and start a new application.

2e * Student's first name **2f** * M.I.

2g Does not have a middle initial

2h * Student's last name **2i** Student's suffix

2j Student's Social Security Number (SSN) **2k** * Student's gender

2l * Student's date of birth

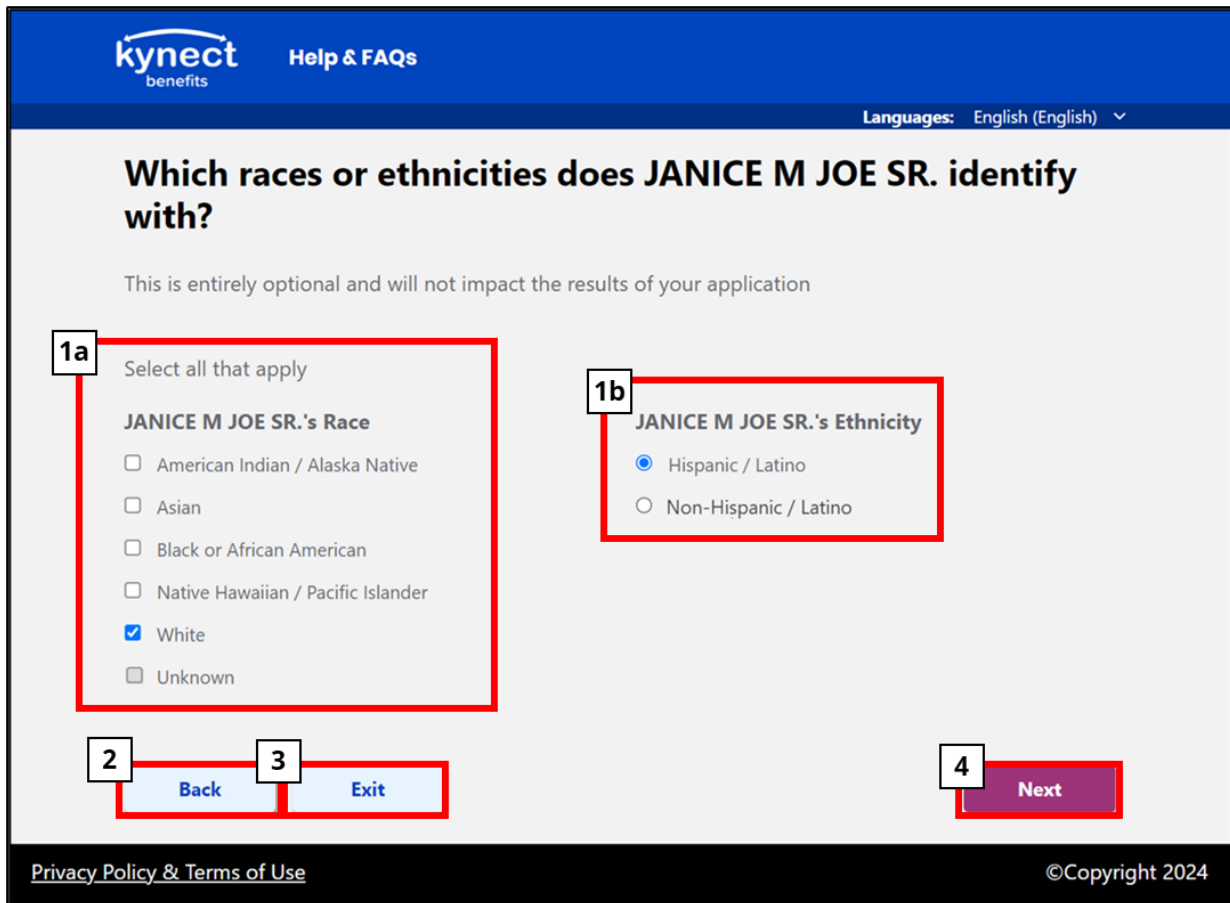
3 **4** **5**

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Student Demographics Screen

Below are steps for completing the **Student Demographics** screen:

1. Select all that apply to complete the following fields for each student:
 - a. **Student's Race:** This is an optional field.
 - b. **Student's Ethnicity:** This is an optional field.
2. Click **Back** to return to the previous screen.
3. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
4. Click **Next** to proceed with the application.



kynect benefits Help & FAQs Languages: English (English) ▾

Which races or ethnicities does JANICE M JOE SR. identify with?

This is entirely optional and will not impact the results of your application

1a Select all that apply

JANICE M JOE SR.'s Race

- American Indian / Alaska Native
- Asian
- Black or African American
- Native Hawaiian / Pacific Islander
- White
- Unknown

1b **JANICE M JOE SR.'s Ethnicity**

- Hispanic / Latino
- Non-Hispanic / Latino

2 **Back** **3** **Exit** **4** **Next**

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SEBT Categories Screen

Below are steps for completing the **SEBT Categories** screen. Complete the following for each student:

1. Review the following statement displayed in the *Why are we asking this?* section:
Students may already be receiving SEBT benefits if they meet one of the categories below. After you provide the information for all students in your household, we will check if they are already eligible.
2. Select any benefit(s) each student received in Kentucky during the 2023-2024 school year by clicking the appropriate checkbox(es).
 - a. Input the **Case Number** associated with the selected benefit. This is a required field if a benefit checkbox is selected.
3. Complete the *Do any of the below statuses apply to <Student Name>?* section and select the statuses that apply to each student by clicking the appropriate checkboxes.
 - a. Income from students that have one of these statuses selected must be recorded, but is only considered for those without a status (Students with a child status are still counted as part of the household size).
4. Click **Back** to return to the previous screen.
5. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
6. Click **Next** to proceed with the application.

kynect benefits Help & FAQs Languages: English (English) ▾

Do any of the following categories apply to JANICE M JOE SR.?

Select all that apply

1 Why are we asking this? ⊖

Students may already be receiving SEBT benefits if they meet one of the categories below. After you provide the information for all students in your household, we will check if they are already eligible.

2 * Has JANICE M JOE SR. recieved any benefits in Kentucky during the 2023-2024 school year?

SNAP

KTAP

2a * Case Number

Kinship Care

Medicaid

Not Applicable / No Benefit

3 * Do any of the below statuses apply to JANICE M JOE SR.?

In foster care

Unhoused child

Migrant child

Runaway child

Not Applicable / No Status

4 Back **5** Exit **6** Next

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Student Review Screen

Below are steps for completing the **Student Review** screen:

1. Review each student's details.
 - a. When the **Edit** button is clicked, the **Student Details** screen displays. The household may edit any provided details and review the *Student Information* section again.
2. If additional students in the household are applying for SEBT, click the **+Add a Student** button to display all screens in the *Student Information* section and enter information for each student.
3. Click **Back** to return to the previous screen.
4. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
5. Click **Next** to proceed with the application.

The screenshot shows the 'Review the students on your application' screen. At the top, there is a blue header with the 'kynect benefits' logo and 'Help & FAQs' link. Below the header, there is a language selection dropdown set to 'English (English)'. The main heading is 'Review the students on your application', followed by a question: 'Do you have any other students attending an NSLP-participating or special provision school in your household that you want to apply for?'. Below this, it says 'So far, we have information for:'. A red box labeled '1' highlights a student entry for 'JANICE M JOE SR.' with details: 'DOB: 01/01/2000' and 'School: Patriot Academy'. A red box labeled '1a' highlights the 'Edit' button next to the student entry. Below the student entry, a red box labeled '2' highlights the '+ Add a student' button. At the bottom of the screen, there are three buttons: 'Back' (labeled '3'), 'Exit' (labeled '4'), and 'Next' (labeled '5'). The footer contains 'Privacy Policy & Terms of Use' and '©Copyright 2024'.

Household Members Summary Screen

Below are steps for completing the **Household Members Summary** screen:

1. Review the *So far, we have information for:* section to confirm all Individuals added to the application so far are displayed.
 - a. Click **Edit** to edit information for the selected household member.
2. Click the **+Add a Household Member** button to add any additional household members that have not yet been added to the application. All members in the household must be added to the application.
3. Click **Back** to return to the previous screen.
4. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
5. Click **Next** to proceed to the **Income Details** screen if there are no additional household members.

The screenshot shows the 'Review your household members' screen. At the top, there is a blue header with the 'kynect benefits' logo and 'Help & FAQs' text. Below the header, there is a language selection dropdown set to 'English (English)'. The main content area has the title 'Review your household members' and a sub-header 'So far, we have information for:'. Below this, there is a list of household members: 'DAVID M JOE JR. (You)', 'JANICE M JOE SR. (Student)', and 'MATCH M JOE JR.'. Each name has an 'Edit' button next to it. Below the list is a '+ Add a household member' button. At the bottom of the screen, there are three buttons: 'Back', 'Exit', and 'Next'. The 'Back' and 'Exit' buttons are grouped together, and the 'Next' button is separate. Red boxes and numbers (1, 1a, 2, 3, 4, 5) are overlaid on the screenshot to indicate the steps for navigating through the screen.

1 So far, we have information for:

DAVID M JOE JR. (You) **1a** Edit

JANICE M JOE SR. (Student) Edit

MATCH M JOE JR. Edit

2 + Add a household member

If the list above includes all members of the household, you're ready to move on!

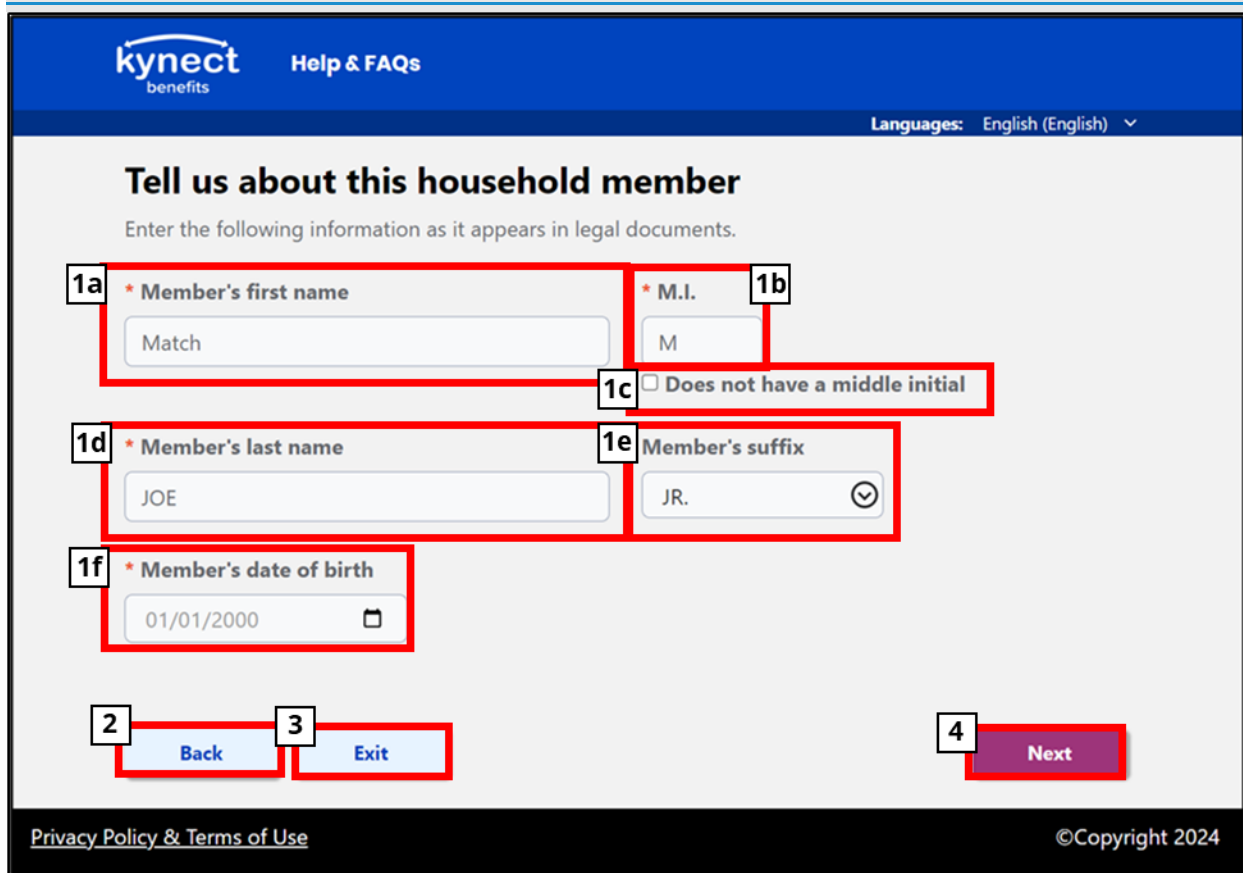
3 Back **4** Exit **5** Next

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Household Member Detail Screen

Below are steps for completing the **Household Member Detail** screen, if displayed. This screen is only displayed if the **+Add a Household Member** button is clicked on the **Household Members Summary** screen:

1. Complete the following fields for each additional household member as the information appears in legal documents:
 - a. **Member's First Name:** This is a required field.
 - b. **Middle Initial (M.I.):** This is a required field. Although this field is required, it will be disabled if the **Does not have a Middle Initial** checkbox is selected.
 - c. Click **Does not have a Middle initial** to bypass the **M.I.** field.
 - d. **Member's Last Name:** This is a required field.
 - e. **Member's Suffix:** This is an optional field.
 - f. **Member's Date of Birth:** This is a required field. Complete this field by selecting the member's date of birth from the calendar.
2. Click **Back** to return to the previous screen.
3. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
4. Click **Next** to proceed back to the **Household Members Summary** screen. The newly added household members will now appear within the summary list on the **Household Members Summary** screen.



The screenshot shows a web form titled "Tell us about this household member" with the instruction "Enter the following information as it appears in legal documents." The form includes several input fields and buttons, with red boxes and numbers (1a-1f, 2-4) highlighting specific areas:

- 1a**: Member's first name (text input: Match)
- 1b**: M.I. (text input: M)
- 1c**: Does not have a middle initial
- 1d**: Member's last name (text input: JOE)
- 1e**: Member's suffix (dropdown menu: JR.)
- 1f**: Member's date of birth (date picker: 01/01/2000)
- 2**: Back button
- 3**: Exit button
- 4**: Next button

At the bottom of the page, there is a footer with the text "Privacy Policy & Terms of Use" on the left and "©Copyright 2024" on the right.

Income Questions Screen

Below are steps for completing the **Income Questions** screen:

1. Select **Yes** or **No** to **Does <Name> earn or receive any income?** for all household members. This is a required field.
2. Click **Back** to return to the previous screen.
3. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
4. Click **Next** to proceed with the application.

kynect benefits Help & FAQs Languages: English (English) ▾

What sources of income does your household have?

Who in the household receives income?

1

- * Does DAVID M JOE JR. earn or receive any income?
 Yes
 No
- * Does JANICE M JOE SR. earn or receive any income?
 Yes
 No
- * Does MATCH M JOE JR. earn or receive any income?
 Yes
 No

2 Back **3** Exit **4** Next

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Income Details Screen

Below are steps for completing the **Income Details** screen:

1. Income must be recorded for all household members who earn or receive any type of earnings.

Earnings from work

2. Under the **Earnings from work** field:
 - a. Select **Yes** if the Individual has earnings from work. If yes, record all required income details.
 - b. Select **No** if the individual does not have earnings from work. If no, move on to the next income question on screen.
3. If applicable, complete the **Income Type** field: This captures what type of work was completed to earn the reported income.
4. If applicable, complete the **Description** field: Provide a description of how the income is earned, including all important details provided.
5. If applicable, complete the **Amount** field: Input the income amount received per the selected frequency. Gross income must be entered for all income types other than 'Net income from self-employment'. (Example: If an applicant has a Bi-weekly income frequency for an income type other than 'Net income from self-employment', input the gross income amount they earned in those two weeks. If an Individual reports self-employment income and the 'Net income from self-employment' option is selected in the **Income Type** field, enter the net income per the selected frequency).
6. If applicable, select the income **Frequency** from the drop-down. (Example: If an applicant is paid every two weeks, select **Bi-weekly**).
7. Click **Remove** to remove all currently entered income details.
8. Click **+ Add income source** to add additional forms of Earned Income/Self-Employed Income. Repeat steps 2-7 to successfully add additional income.

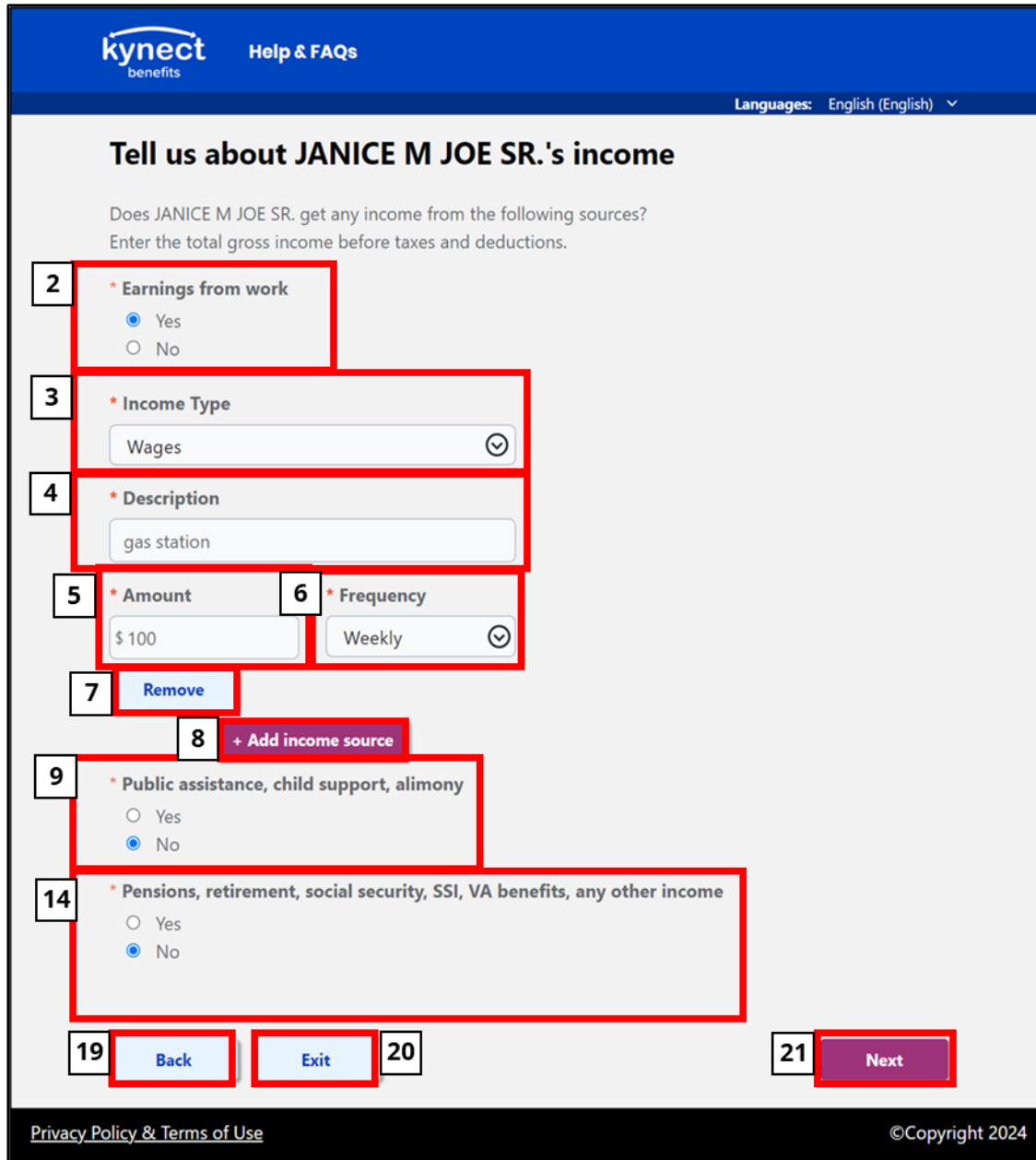
Public assistance, child support, alimony

9. Under the **Public assistance, child support, alimony** field:
 - a. Select **Yes** if the Individual receives income from public assistance, child support or alimony. If yes, record all required income details.
 - i. If yes is selected, the **Income Type, Description, Amount, Frequency, Remove, and + Add income source** fields, identical to those seen in steps 3, 4, 5, 6, 7, and 8 will populate on the screen.
 - b. Select **No** if the Individual does not have earnings from public assistance, child support or alimony. If no, move on to the next income question on the screen.
10. If applicable, complete the **Income Type** field: Select the type of Unearned Income received. This is a required field.
11. If applicable, complete the **Description** field: Provide a description of how the Unearned Income is received, including all important details provided.

-
12. If applicable, complete the **Amount** field: Enter the amount of Unearned Income received per the selected frequency. This is a required field.
 13. If applicable, complete the **Frequency** field: Select the frequency in which the Unearned Income is received. This is a required field.

Pensions, retirement, social security, SSI, VA benefits, any other income

14. Under the **Pensions, retirement, social security, SSI, VA benefits, any other income?** field:
 - a. Select **Yes** if the Individual has earnings from pensions, retirement, social security, SSI, VA benefits, any other income. If yes, record all required income details.
 - i. If **Yes** is selected, the **Income Type, Description, Amount, Frequency, Remove,** and **+ Add income source** fields, identical to those seen in steps 3, 4, 5, 6, 7, and 8 will populate on the screen.
 - b. Select **No** if the Individual does not have earnings from pensions, retirement, social security, SSI, VA benefits, any other income.
15. If applicable, complete the **Income Type** field: Record the type of Unearned Income. This is a required field.
16. If applicable, complete the **Description** field: Record a description of how the Unearned Income is received. This is a required field.
17. If applicable, complete the **Amount** field: Record the amount of Unearned Income received. This is a required field.
18. If applicable, complete the **Frequency** field: Record the frequency of which the Unearned Income is received. This is a required field.
19. Click **Back** to return to the previous screen.
20. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
21. Click **Next** to proceed with the application.



kynect benefits Help & FAQs Languages: English (English) ▾

Tell us about JANICE M JOE SR.'s income

Does JANICE M JOE SR. get any income from the following sources?
Enter the total gross income before taxes and deductions.

2 * Earnings from work
 Yes
 No

3 * Income Type
Wages

4 * Description
gas station

5 * Amount \$ 100 **6** * Frequency Weekly

7 Remove **8** + Add income source

9 * Public assistance, child support, alimony
 Yes
 No

14 * Pensions, retirement, social security, SSI, VA benefits, any other income
 Yes
 No

19 Back **20** Exit **21** Next

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Household Income Summary Screen

Below are steps for completing the **Household Income Summary** screen:

1. Review the *Is this the complete list of income for your household?* section and confirm income information for all household members.
 - a. Click **Edit** to make changes to any of the household member details shown.
2. After reviewing the details for each household member, additional income may be added by clicking the **+ Add income** button.
3. Click **Back** to return to the previous screen.
4. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
5. Click **Next** to proceed with the application if all current sources of income for all household members are listed.

The screenshot shows the 'kynect benefits' header with 'Help & FAQs' and a language dropdown set to 'English (English)'. The main heading is 'Is this the complete list of income for your household?' with a subtext: 'If your household has income which is not listed, click Add income.' A table lists income for 'JANICE M JOE SR.' with 'Earnings from work' and 'Wages - gas station - \$100 Weekly'. An 'Edit' link is next to the entry. Below the table is a '+ Add income' button. At the bottom, there are 'Back', 'Exit', and 'Next' buttons. A footer contains 'Privacy Policy & Terms of Use' and '©Copyright 2024'.

1

JANICE M JOE SR.

Earnings from work

Wages - gas station - \$100 Weekly

1a

Edit

2

+ Add income

If the list above includes all current sources of income for your household, you're ready to move on!

3

Back

4

Exit

5

Next

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Sign and Submit Screen

Below are steps for completing the **Sign and Submit** screen:

1. Review the *Rights and Responsibilities* section.
2. Complete the following fields:
 - a. **First Name:** This is a required field.
 - b. **Middle Initial (M.I.):** This is a required field; however, it is optional and disabled if the “I do not have a Middle Initial” checkbox is selected.
 - c. Click **Does not have a Middle initial** to bypass the **M.I.** field.
 - d. **Last Name:** This is a required field.
 - e. **Suffix:** This is an optional field.
 - f. Select the “I agree to the Rights & Responsibilities” checkbox. This is a required field.
 - g. **Signature Date:** This field auto populates with the date the signature is provided.
3. Click **Back** to return to the previous screen.
4. Click **Exit** to exit the application flow. Clicking **Exit** displays a banner confirming if you would like to exit the application. Please note: If you select **Exit** at any point of the application, your information will not be saved.
 - a. Click **Exit** again to confirm and exit the application.
5. Click **Confirm** to submit the application.

kynect benefits Help & FAQs Languages: English (English) ▾

Sign & Submit

1 Rights & Responsibilities

Terms of Agreement Summary

1. I have answered all questions truthfully and to the best of my ability.
2. If any changes occur to my situation, I am responsible for reporting them.
3. Providing false information may result in penalties.
4. Please read and agree to each of the terms. If you do not agree, your application may be affected, and you may be ineligible to receive benefits.

Rights and Responsibilities

By entering your name below, you are electronically signing this application.

2a * First Name DAVID **2b** * M.I. M

2c I do not have a Middle Initial

2d * Last Name JOE **2e** Suffix JR.

2f * I agree to the Rights & Responsibilities **2g** Signature Date 05/15/2024

3 Back **4** Exit **5** Confirm

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Application Submission Screen

Below are steps for completing the **Application Submission** screen:

1. Review a confirmation message stating: **Your application has been submitted!** which outlines next steps.
2. Review the *Application Details* section.
 - a. **Application Status** of:
 - i. “Submitted”: This status means the application has been submitted and is being reviewed.
 - ii. “Denied”: This status means the student’s application status has already been determined for 2024 SEBT benefits and has been denied.
3. Click **Exit** to close out of the window. Once the application has been submitted, selecting **Exit** will not undo the submission.

kynect benefits **Help & FAQs** Languages: English (English) ▾

1

Your application has been submitted!

Our eligibility team will now review your application and reach out to you via your preferred contact methods. It may take up to **15 days** to process an application.

To check in on your benefit status, please access your application using your verified contact method and the following Application Number.

If you did not verify your contact method please call DCBS at 1-855-306-8959 to check your application status.

You may close this window.

Keep this application number for future reference.

2

Application Details ⌵

Application Number
123456789

Verified Contact Methods
Phone Number: +1 502-472-0009
Email: araley@webmail.com

Your Students
Student: Andrew T Doe
SSID: 0123456789
Application Status: Submitted

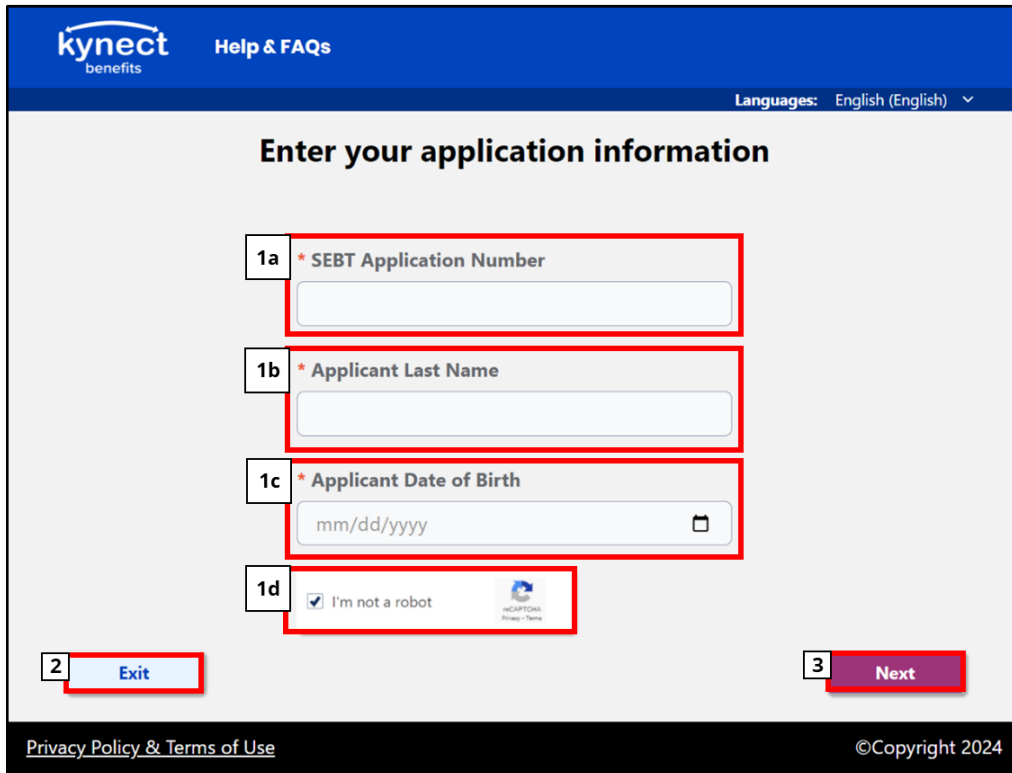
3 **Exit**

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Application Management Authentication Screen

Below are steps for completing the **Application Management Authentication** screen:

1. Complete the following fields:
 - a. **SEBT Application Number:** This is a required field. To complete this field, enter the SEBT Application Number. This number is provided on the **Application Submission** screen and the Notice of Eligibility.
 - b. **Applicant Last Name:** This is a required field. To complete this field, enter the last name of the primary applicant, which was provided in the SEBT application.
 - c. **Applicant Date of Birth:** This is a required field. To complete the calendar field, click on the calendar icon and select the appropriate date of birth of the primary applicant, which was provided in the SEBT application.
 - d. **Please enter captcha:** This is a required field. Follow captcha instructions to complete this field.
2. Click **Exit** to close out of the window. Please note: If **Exit** is clicked the information placed in the above fields will not be saved.
3. Click **Next** to proceed to the next screen.



kynect benefits Help & FAQs Languages: English (English) ▾

Enter your application information

1a * SEBT Application Number

1b * Applicant Last Name

1c * Applicant Date of Birth

mm/dd/yyyy

1d I'm not a robot

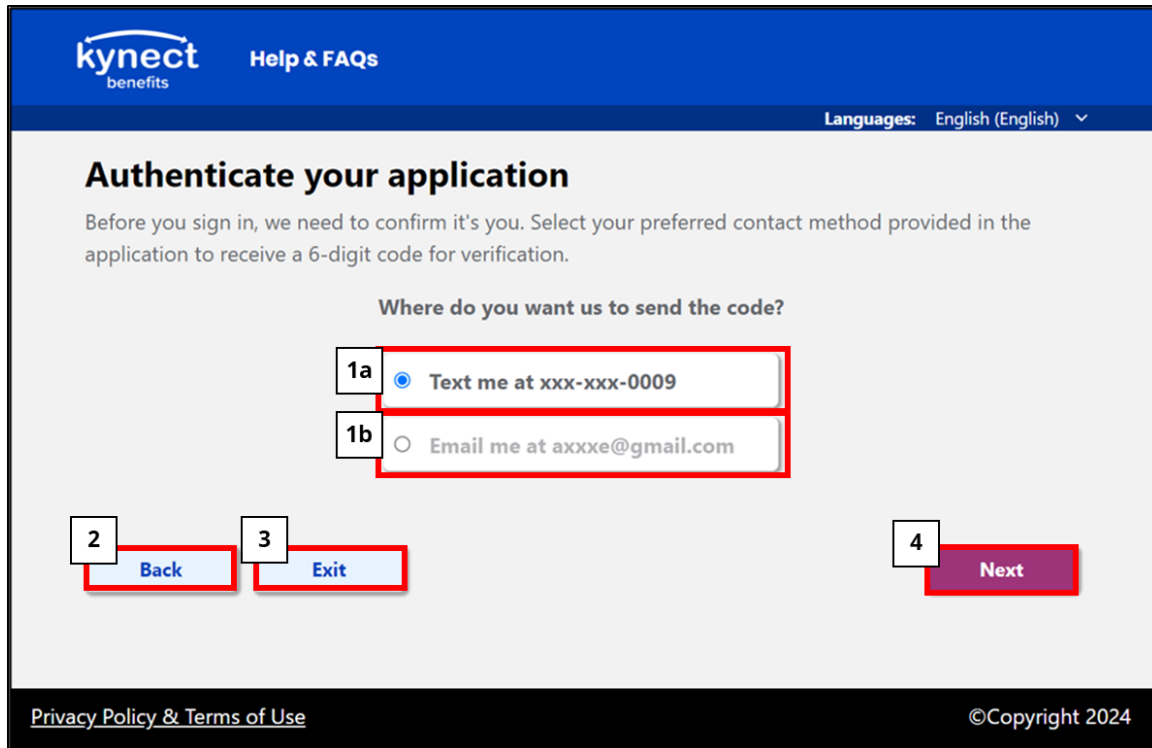
2 Exit 3 Next

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Application Contact Selection Screen

Below are steps for completing the **Application Contact Selection** screen:

1. Under the *Where do want us to send the code?* section:
 - a. Select the **Text me at <Phone Number>** to receive the code via text message.
 - b. Select the **Email me at <Email Address>** to receive the code via email.
2. Click **Back** to return to the previous screen.
3. Click **Exit** to close out of the window. Please note: If **Exit** is clicked the information submitted will not be saved.
4. Click **Next** to proceed to the next screen.



Application One-Time Password (OTP) Screen

Below are steps for completing the **Application OTP** screen:

1. A 6-digit code will be sent to the selected contact method when this screen appears.
2. Enter the 6-digit code.
3. Click **Resend** to resend a new code to the provided contact method.
 - a. The **Resend** button will be enabled once the countdown is complete.
4. Click **Verify** to confirm the contact method. If **Verify** is clicked without entering the 6-digit code, the following banner message displays: "You must enter the 6-digit code sent to your contact method."
 - a. Once the contact method has been verified, the **Next** button is enabled.
5. Click **Back** to return to the previous screen.
6. Click **Exit** to close out of the window. Please note: If **Exit** is clicked the information submitted will not be saved.
7. Click **Next** to proceed to the next screen.

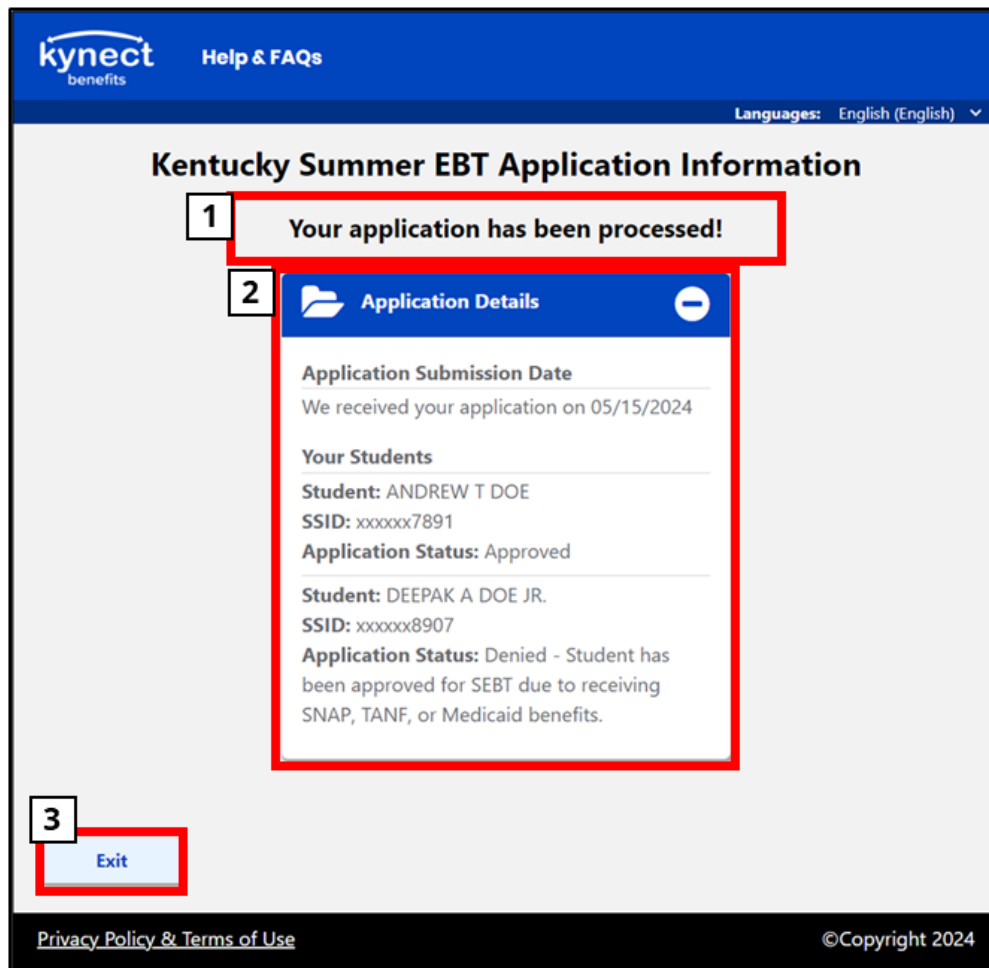
Please note: If the wrong code is entered, the system will show another screen requesting to try again. It will also show the amount of tries you have before being navigated back to the **Application Welcome** screen.

The screenshot shows the 'Application OTP' screen. At the top, there is a blue header with the 'kynect benefits' logo and 'Help & FAQs' link. Below the header, there is a language selection dropdown set to 'English (English)'. The main content area has a grey background with the heading 'We sent a 6-digit code to validate your phone number' and a sub-heading 'If you don't receive a message within the next 5 minutes, please try again.' Below this, there is a text input field with a red box around it and the number '2' in a white box. The input field contains 'xxxxxx' and has a placeholder 'xxx-xxx-0009'. Below the input field are two buttons: 'Resend in 24s' (labeled '3') and 'Verify' (labeled '4'). At the bottom, there are three buttons: 'Back' (labeled '5'), 'Exit' (labeled '6'), and 'Next' (labeled '7'). The 'Next' button is highlighted in grey. The bottom of the screen shows 'Privacy Policy & Terms of Use' and '©Copyright 2024'.

Application Status Screen

Below are steps for completing the **Application Status** screen:

1. Review the confirmation message:
 - a. “Your application is in review”: This message means the application is being reviewed.
 - b. “Your application has been processed”: This message means the application has been either approved or denied.
2. Review the *Application Details* section.
 - a. **Application Status** of:
 - i. “In review”: This status means the student’s application is being reviewed, a notice will be sent to the applicant when a decision is made.
 - ii. “Approved”: This status means the student’s application has been approved for 2024 SEBT benefits.
 - iii. “Denied”: This status means the student’s application status has been denied for 2024 SEBT benefits.
3. Click **Exit** to close out of the window.

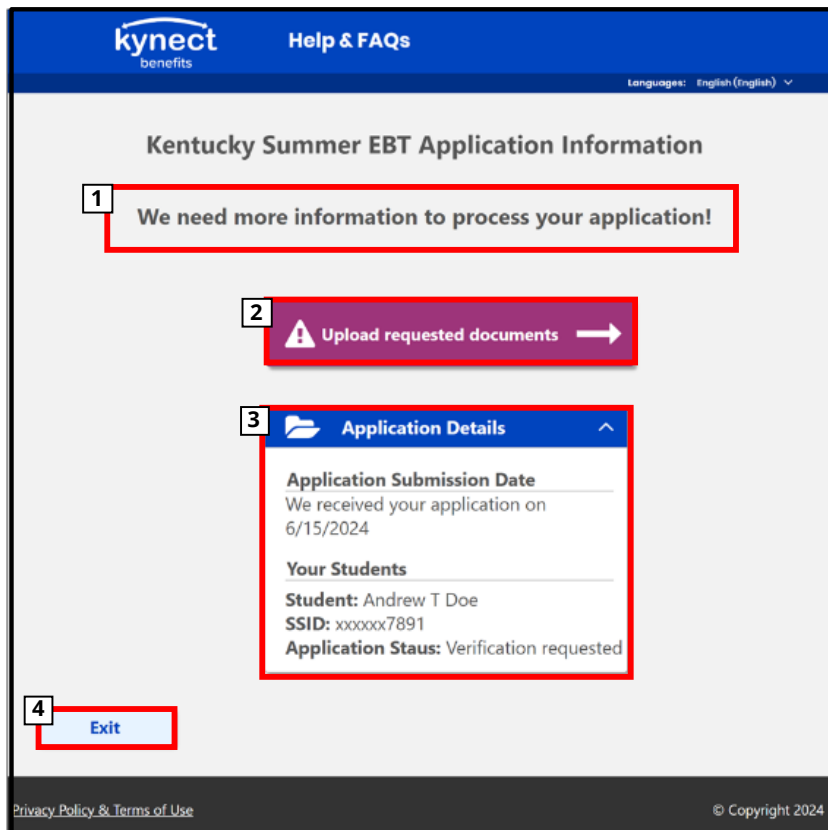


Application Status Screen – Verification Requested

Below are steps for completing the **Application Status – Verification Requested** screen:

1. Review the confirmation message stating: **We need more information to process your application!** which displays when additional verification is needed to complete the application process.
2. Click **Upload requested documents** to move forward to the **Summer EBT Verification** screen.
3. Review the *Application Details* section.
4. Click **Exit** to close out of the window.

Please note: The **Application Status – Verification Requested** screen will only show when there is additional documentation required to process your SEBT application.



Summer EBT Verification Screen

Below are steps for completing the **Summer EBT Verification** screen:

1. Review the message stating: **ACTION REQUIRED!** outlining next steps.
2. Review the following verification information: **Member, Required Verification, Acceptable Documents** (to complete the verification process), and **Document(s)** (a list of attached documents).
3. Click **Add** to upload a document to the **Document(s)** list. Selecting this option opens the **Document Upload** screen.
4. Click **Remove** to remove an uploaded document from the **Document(s)** list.
5. Click the **checkbox** to complete the **I'm not a robot** captcha field. This is a required field.
6. Click **Cancel** to return to the **Application Status – Verification Requested** screen.

Please note: Documents need to be added using the **Document Upload** screen for each member of the household needing additional verification. Review the added documents and make sure the appropriate verification has been uploaded for each member before clicking **Submit**.

7. Click **Submit** to complete this section once all required documents have been uploaded.
 - a. The **Submit** button is unavailable if no documents have been uploaded. Once a document has been uploaded, the **Submit** button is enabled.
 - b. After clicking **Submit**, a green banner message shows: **Your file has been uploaded successfully!** which means the file upload was successful.

kynect benefits **Help & FAQs** Languages: English (English) ▾

Summer EBT Verification

1 ACTION REQUIRED! Based on your application responses, we need documentation to determine your student's Summer EBT eligibility. The required verification and types of acceptable documents are listed in the Document Upload section below. Click 'upload' to attach verification for each member listed. Your application may be denied if you fail to provide ALL required verification.

2 **Member:** JOHN T DOE JR
Required Verification: Automatic Eligibility - Runaway
Acceptable Documents: • Court Documents
• Written Statement
Document(s): [SocialWorkerAttestation.pdf](#) **4** X Remove
3 Add

Member: JANE M DOE SR
Required Verification: Income Verification – Public Assistance, Child Support, Alimony Earnings
Acceptable Documents: • Award Letter
• Court Order
• Written Statement
• Collateral Contact*

**Written Statement and Collateral Contact should be dated and signed with a name and phone number; Collateral Contact should be of someone outside the household familiar with the household's situation*

Document(s): Add

5 I'm not a robot

6 Cancel **7** Submit

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Document Upload Screen

Below are steps for completing the **Document Upload** screen:

1. Review the information box to view file specifics and document upload guidance.
2. Review the following information and complete the required fields:
 - a. **Member:** Shows the household member that additional information is requested for.
 - b. **Required Verification:** Shows the name of the specific verification required for the listed household member.
 - c. **Form of Proof:** This is a required field. To complete this field, select the document option that you will be adding as a form of proof from the drop-down list.
 - d. **Document:** Allows you to add and change the appropriate document for upload.

Document Upload Screen 1: Document Has Not Been Added

3. Click **Add** to select the document from your computer's files using the document upload dialogue box. Once a document has been added, the document shows on screen and the **Change File** button displays.

Document Upload Screen 2: Document Has Been Added

4. Click **Change File** to select a new document to replace the previously added document, if needed.
5. Click **Cancel** to return to the previous screen.
6. Click **Upload** to complete this screen once the appropriate document has been added.
 - a. Once a document has been added, the **Upload** button is enabled.
 - b. Clicking **Upload** will return you to the **Summer EBT Verification** screen, repeat steps 1-6 of this screen for each member requiring additional information.

Document Upload Screen 1: Document Has Not Been Added

The screenshot shows the 'Document Upload' screen in the kynect benefits system. At the top, there is a blue header with the 'kynect benefits' logo and 'Help & FAQs' link. A language dropdown menu is set to 'English (English)'. The main heading is 'Document Upload'. A red box labeled '1' highlights an information icon and text: 'Files must not be password protected and must be less than 4 MB. Only .pdf, .tif, .tiff, .jpeg, .jpg and .png files are allowed for upload. If you have more than one document for upload, consider merging them into one document before uploading. Please upload only one version of each supporting document per verification.' Below this, it says 'Please select appropriate type of supporting document for upload.' The form fields are: '2a Member: JANE M DOE SR', '2b Required Verification: Income Verification - Earnings from Work', '2c Form of Proof *' with a dropdown menu showing 'Select', and '2d Document:' with a red 'Add' button labeled '3'. At the bottom, there are '5 Cancel' and '6 Upload' buttons. The footer contains 'Privacy Policy & Terms of Use' and '© Copyright 2024'.

Document Upload Screen 2: Document Has Been Added

The screenshot shows the 'Document Upload' screen in the kynect benefits system, similar to the first one. The information box '1' is the same. The form fields are: '2a Member: JANE M DOE SR', '2b Required Verification: Income Verification - Earnings from Work', '2c Form of Proof *' with a dropdown menu showing 'Employer Statement', and '2d Document:' with a red box containing '3 WalmartStatement.pdf' and a '4 Change File' button. At the bottom, there are '5 Cancel' and '6 Upload' buttons. The footer contains 'Privacy Policy & Terms of Use' and '© Copyright 2024'.

SEBT Paper Application

As an alternative to using the electronic SEBT Student Portal, households may fill out a Summer EBT Paper Application and submit the application to a DCBS office by mail, by fax or by physical walk-in. One application must be completed per household. When completing the application, please print clearly using a blue or black pen and not a pencil or marker.

Student Sections

Below are steps for completing each *Student* section:

1. Enter the **First Name** of the student as it appears on legal documents.
2. Enter the **Middle Initial** of the student as it appears on legal documents. If the student does not have a middle initial, leave this area blank.
3. Enter the **Last Name** of the student as it appears on legal documents.
4. If applicable, enter the student's **Suffix**. If the student does not have a suffix, leave this area blank.
5. Enter the **Date of Birth** of the student by using two-digit month, two-digit day and two-digit year.
6. Enter the **Social Security Number** of the student if one has been assigned. Do not record dashes between the numbers.
7. Enter the **State-Issued Student ID (SSID)** if the student attends public school. If the student attends private school, leave this field blank.
8. Enter the **School Name Attended by Student** during the 2023-2024 school year. You must leave a space between each word if the school's name has multiple words.
9. Enter the **School District Attended by Student** during the 2023-2024 school year leaving a space between each word if the school's district has multiple words.
10. Check all the status checkboxes that apply to the student if none apply leave this area blank.
11. The Income area requires you to report the total gross income (before taxes and deductions) for the student written in whole dollars (no cents) only. If the student does not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.
 - a. Enter the **Earnings from Work** that the student receives.
 - b. Check the box that represents how often the student is receiving earnings from work.
 - c. Enter the **Earnings from Public Assistance, Child Support, Spousal Support** that student receives.
 - d. Check the box that represents how often the student is receiving income from public assistance, child support, spousal support.
 - e. Enter the **Earnings from Pensions, Retirement, VA Benefits, SSI, Social Security, Other** that the student receives.
 - f. Check the box that represents how often the student is receiving income from pensions, retirement, VA benefits, SSI, social security, other.

Household Application for Summer EBT Benefits

APPLY ONLINE: kysebt.ky.gov



SEBT-06

Complete one application per household. Please use a blue or black pen, not a pencil or marker. Fill out pages 5-7 if you need space for additional students or household members.

Student 1

1 First Name	2 MI	3 Last Name	4 Suffix																										
[Grid for name entry]																													
5 Date of Birth	6 Social Security Number (no hyphens)	7 State-Issued Student ID (SSID)																											
[Grid for date]	[Grid for SSN]	[Grid for SSID]																											
8 School Name Attended by Student																													
[Grid for school name]																													
9 School District Attended by Student																													
[Grid for school district]																													
10 Check all that apply: <input type="checkbox"/> Foster Child <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> Homeless	Income. Report total gross income (before taxes and deductions) from work in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.		11c																										
	11a	11b	11d																										
Earnings from Work \$ [Grid] <table border="0"> <tr> <td>Weekly</td> <td>Every 2 Weeks</td> <td>2x Month</td> <td>Monthly</td> <td>Annual</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Weekly	Every 2 Weeks	2x Month	Monthly	Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earnings from Public Assistance, Child Support, Spousal Support \$ [Grid] <table border="0"> <tr> <td>Weekly</td> <td>Every 2 Weeks</td> <td>2x Month</td> <td>Monthly</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Weekly	Every 2 Weeks	2x Month	Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earnings from Pensions, Retirement, VA Benefits, SSI, Social Security, Other \$ [Grid] <table border="0"> <tr> <td>Weekly</td> <td>Every 2 Weeks</td> <td>2x Month</td> <td>Monthly</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Weekly	Every 2 Weeks	2x Month	Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Weekly	Every 2 Weeks	2x Month	Monthly																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										

Please note: All students in the household must be recorded on the application. If a student that lives in the household is not requesting SEBT benefits, they must be recorded as a household member. Only students who are requesting benefits should be recorded within the *Student* section of the application. *Student* sections for up to four students can be found on pages 1-2 of the paper application. If additional students need to be added to the application, use the **Supplementary Sheet** found on pages 5-6.

SNAP, KTAP, Kinship Care, or Medicaid Section

Below are steps for completing the *SNAP, KTAP, Kinship Care, or Medicaid* section:

1. If you or anyone else in your household receives SNAP, KTAP, Kinship Care, or Medicaid, enter the **Case Number (Not EBT Number)** within the provided space.

If you or anyone else in your household receives SNAP, KTAP, Kinship Care, or Medicaid, please provide your case number.

¹ **Case Number (Not EBT Number):**

Household Member Sections

Below are steps for completing each *Household Member* section:

1. Enter the **First Name** of the household member as it appears on legal documents.
2. Enter the **Middle Initial** of the household member as it appears on legal documents. If the household member does not have a middle initial, leave this area blank.
3. Enter the **Last Name** of the household member as it appears on legal documents.
4. If applicable, enter the household member's **Suffix**. If the household member does not have a suffix, leave this area blank.
5. Enter the **Date of Birth** of the household member by using two-digit month, two-digit day and two-digit year.
6. The Income area requires you to report the total gross income (before taxes and deductions) for the household member written in whole dollars (no cents) only. If the household member does not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.
 - a. Enter the **Earnings from Work** that the household member receives.
 - b. Check the box that represents how often the household member is receiving earnings from work.
 - c. Enter the **Earnings from Public Assistance, Child Support, Spousal Support** that the household member receives.
 - d. Check the box that represents how often the household member is receiving income from public assistance, child support, spousal support.
 - e. Enter the **Earnings from Pensions, Retirement, VA Benefits, SSI, Social Security, Other** that the household member receives.
 - f. Check the box that represents how often the household member is receiving income from pensions, retirement, VA benefits, SSI, social security, other.

1 Household Member 1

2 First Name **3** MI **3** Last Name **4** Suffix **5** Date of Birth

Income. Report total gross income (before taxes and deductions) from work in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

6a Earnings from Work **6b** Weekly Every 2 Weeks 2x Month Monthly Annual

6c Earnings from Public Assistance, Child Support, Spousal Support **6d** Weekly Every 2 Weeks 2x Month Monthly

6e Earnings from Pensions, Retirement, VA Benefits, SSI, Social Security, Other **6f** Weekly Every 2 Weeks 2x Month Monthly

Please note: All household members living in the household must be recorded on the application. If a student that lives in the household is not requesting SEBT benefits, they must be recorded as a household member. If a household member is a student requesting benefits, they must be recorded within the *Student* section of the application. *Household Member* sections for up to three household members can be found on page 3 of the paper application. If additional household members need to be added to the application, use the **Supplementary Sheet** found on page 7.

Student Demographics Section

Below are steps for completing the *Student Demographics* section:

1. Check only one of the boxes that apply to your student(s) under the **Ethnicity** field. Options include the following:
 - a. Hispanic/Latino
 - b. Not Hispanic/Latino
2. Check every box applicable to your student(s) under the **Racial Heritage** field. Options include the following:
 - a. Asian
 - b. White
 - c. Black/African American
 - d. American Indian/Alaska Native
 - e. Native Hawaiian/Pacific Islander

For ethnicity, check only one box.

For racial background, check every applicable box.

1

Ethnicity:

Hispanic/
Latino

Not Hispanic/
Latino

2

Racial Heritage:

Asian

White

Black/African
American

American
Indian/
Alaska Native

Native Hawaiian/
Pacific Islander

3

Signature and Contact Information Section

This section must be completed by the primary applicant. Below are steps for completing the *Signature and Contact Information* section:

1. Sign your name within the **Signature** box.
2. Enter **Today's Date** by using two-digit month, two-digit day and two-digit year.
3. Enter your **First Name** as it appears on legal documents.
4. Enter your **Middle Initial** as it appears on legal documents. If you do not have a middle initial, leave this area blank.
5. Enter your **Last Name** as it appears on legal documents.
6. If applicable, enter your **Suffix**. If you do not have a suffix, leave this area blank.
7. Enter your **Date of Birth** by using two-digit month, two-digit day and two-digit year.
8. Enter your **Social Security Number** if one has been assigned. Do not record dashes between the numbers.
9. Enter your **Cell Phone Number** without dashes between the numbers.
10. Check only one of the boxes for your **Preferred Contact Method**. The options include:
 - a. Mail Only
 - b. Email
 - c. Text/SMS
 - d. Email and Text/SMS
11. Check only one of the boxes for your **Preferred Language**. The options include:
 - a. English
 - b. Spanish
 - c. Swahili
 - d. Kinyarwanda
 - e. Somali
12. Check only one of the boxes for your **Large Font Accommodations Needed?**. The options include:
 - a. Yes
 - b. No
13. Enter your **Email Address** including the domain (part that comes after the @ symbol).
14. Enter your **Mailing Address**.
15. Enter your **City**.
16. Enter your **State**.
17. Enter your **Zip Code**.
18. Once you have completed the paper application, you can submit by mail, by fax, or physically turn it in at your local DCBS office.
 - a. If submitting via mail, mail the application to the following address:
 - i. Cabinet for Health and Family Services
Department for Community Based Services
P.O. BOX 2104, Frankfort, KY 40602

- b. If submitting via fax, fax the application to the following number:
 - i. 502-573-2005

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

1 Signature	2 Today's Date
3 First Name	4 MI
5 Last Name	6 Suffix
7 Date of Birth	
8 Social Security Number (no hyphens)	9 Cell Phone Number
10 Preferred Contact Method (Select Only One)	
<input type="checkbox"/> Mail Only <input type="checkbox"/> Email <input type="checkbox"/> Text/SMS <input type="checkbox"/> Email and Text/SMS	
11 Preferred Language (Select Only One)	12 Large Font Accommodations Needed? (Select Only One)
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Kinyarwanda <input type="checkbox"/> Somali <input type="checkbox"/> Yes <input type="checkbox"/> No	
13 Email Address	
14 Mailing Address	
15 City	16 State
	17 Zip Code

18a Return this application to:
 Cabinet for Health and Family Services
 Department for Community Based Services
 P.O. BOX 2104
 Frankfort, KY 40602

18b FAX: 502-573-2005

Please note: The primary applicant must complete all fields on the paper application. If required areas are left blank, or checkbox field options are left unchecked, it may result in a delay in processing your SEBT Application.