# DCBS School Year (SY) 2022-2023 Pandemic Electronic Benefits Transfer Quick Reference Guide

Integrated Eligibility and Enrollment System

8/25/2023 Version 2.0

### **Document Control Information**

### **Document Information**

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|------------------|--|
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| 2.0     | 8/25/2023 | Addition of Virtual and Homeschool<br>Application Instructions | Deloitte Consulting |

This QRG is designed for DCBS Field Staff to assist Residents if they need help applying for a P-EBT reimbursement for the 2022-2023 School Year.

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# Introduction

Pandemic Electronic Benefit Transfer (P-EBT) provides a reimbursement to students to help cover the cost of meals they may have missed due to missing In-Person (Both public and private school), Virtual, or Homeschool learning due to a COVID-19 related reason. Residents can apply for a P-EBT reimbursement for any COVID-19 related school absences accrued from September 1<sup>st</sup>, 2022 - May 11<sup>th</sup>, 2023 by completing an application for each eligible student.

Students who attended school In-Person or attended school Virtually while enrolled in a Community Eligibility Provision (CEP) school are eligible to receive a P-EBT reimbursement for their missed school days during this time period based on if the student is eligible to receive free or reduced-price school meals through the National School Lunch Program (NSLP).

Virtual students enrolled in a non-CEP school and Homeschool students are eligible based on if their gross household income is below the income limit for their household size.

Applications submitted are approved or denied based on the eligibility requirements outlined above. Residents with children that attended public or private school In-Person and meet the above criteria can begin applying on August 7th, 2023. Virtual and Homeschool students must wait to apply on September 4th, 2023. <u>Click Here</u> to access the P-EBT application.

# **Completing a P-EBT Application – In-Person Attendance**

KY Residents may apply for P-EBT reimbursements by completing an application. For assistance in completing the P-EBT application for children attending school In-Person, please reference the directions below.

Integrated Eligibility and Enrollment System

**Please Note:** An application must be submitted for each eligible child, and for each of the following situations:

- If a child moves households between September 1st, 2022-May 11th, 2023, a separate application must be entered for each household to apply for the months in which the child had a COVID-19 related absence in each household. Duplicate reimbursements will not be provided for the same month(s).
- If the student changed school districts, a separate application must be submitted for each school district the child attended.
- If the student changed school type (In-Person to Virtual, Virtual to homeschool, etc.), an application must be submitted for each school type.

### Steps to Completing a P-EBT Application for In-Person Attendance

1. When navigating to <a href="https://kypebt.ky.gov">https://kypebt.ky.gov</a>, the Pandemic EBT Information and Rules screen displays before entering the application. This screen displays what information Residents will need to apply, rules they must follow when using the application and their P-EBT reimbursements, and the Terms and Conditions of using the P-EBT application. Click Start Pandemic EBT Application if the Resident has all of the information displayed in the *Information Before You Apply* section. By clicking the Start Pandemic EBT Application button, Residents agree to the Terms and Conditions and Privacy Policy displayed, and to the potential consequences of misusing P-EBT benefits.

| Information Before You<br>P-EBT is authorized from September 1, 2022<br>for in person school days missed for COVID-   | Apply   |
|---|---|
| P-EBT is authorized from September 1, 2022<br>for in person school days missed for COVID-r  |   |
|   | through the end of the federally declared Public Health Emergency (PHE) on May 11, 2023. If eligible, a student can receive P-EBT benefit<br>related reasons during the period of September 1, 2022 through May 11, 2023.   |
| Please collect the below information for the s<br>a single session:   | student you want to apply for Pandemic EBT (P-EBT) benefits before beginning the application. You will need to complete the application in  |
| Student's Legal First Name  |   |
| Student's Legal Last Name   |   |
| Student's Date of Birth   |   |
| <ul> <li>Statewide Student ID (SSID)</li> </ul>   |   |
| PUBLIC SCHOOL students are issued a u<br>PRIVATE SCHOOL and MILITARY BASE<br>(up to 4 characters) followed by 8-digit b<br>SSID is not required for HOMESCHOOL  | unique 10-digit ID. Contact the student's school to get the SSID. You can apply for P-EBT only when you have the SSID.<br>SCHOOL (i.e., Fort Campbell, Fort Knox) students do not have SSID numbers. Enter your student's initials<br>birthdate (MMDDYYYY) to proceed with the application for a PRIVATE school student, e.g., JD12312010.<br>students.   |
| <ul> <li>Student's Social Security Number (if one</li> </ul>  | e has been assigned)  |
| Dates of ALL School Days Missed Due to  | o the COVID-19 Pandemic   |
| Additionally, Homeschool and Virtual studen   | nts may need the following to complete the application process:   |
| Proof for each type of income the people  | le in the student's household receive   |
| <ul> <li>SNAP, Medicaid or KTAP Case Number (i</li> </ul>   | (if the student receives/has received public assistance benefits)   |
| <ul> <li>Student's Identity verification</li> </ul>   |   |
| Penalty Warning   |   |
| Follow These Rules  |   |
| Penalty Warning Follow These Rules  • Do NOT give false information or hid  | de information to get P-EBT benefits  |
| Penalty Warning<br>ollow These Rules<br>• Do NOT give false information or hid<br>• Do NOT trade or sell P-EBT benefits   | de information to get P-EBT benefits  |
| Penalty Warning Follow These Rules Do NOT give false information or hid Do NOT trade or sell P-EBT benefits Do NOT use P-EBT benefits to buy ir U.S.C. 802.   | de information to get P-EBT benefits<br>neligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21  |
| Penalty Warning follow These Rules Do NOT give false information or hid Do NOT trade or sell P-EBT benefits Do NOT use P-EBT benefits to buy ir U.S.C. 802. Do NOT use someone else's P-EBT be  | de information to get P-EBT benefits<br>neligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21<br>enefits for your household  |
| Penalty Warning Follow These Rules Do NOT give false information or hid On NOT trade or sell P-EBT benefits Do NOT use P-EBT benefits to buy ir U.S.C. 802. Do NOT use someone else's P-EBT be Do NOT use your P-EBT benefits for se  | de information to get P-EBT benefits<br>neligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21<br>enefits for your household<br>someone outside of your household   |
| Penalty Warning<br>Follow These Rules<br>• Do NOT give false information or hid<br>• Do NOT trade or sell P-EBT benefits<br>• Do NOT use P-EBT benefits to buy in<br>U.S.C. 802.<br>• Do NOT use someone else's P-EBT benefits for :<br>• Do NOT use your P-EBT benefits for :<br>• Do NOT use your P-EBT benefits to p   | de information to get P-EBT benefits<br>neligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21<br>ienefits for your household<br>someone outside of your household<br>pay on a credit account, even if the charge was for P-EBT eligible food   |
| Penalty Warning Follow These Rules Do NOT give false information or hid Do NOT trade or sell P-EBT benefits Do NOT use P-EBT benefits to buy ir U.S.C. 802. Do NOT use someone else's P-EBT b Do NOT use your P-EBT benefits to p Do NOT use your P-EBT benefits to p Do NOT usel food purchased with P-E   | de information to get P-EBT benefits<br>neligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21<br>enefits for your household<br>someone outside of your household<br>ago on a credit account, even if the charge was for P-EBT eligible food<br>EBT benefits  |
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| Penalty Warning Follow These Rules Do NOT give false information or hid Do NOT trade or sell P-EBT benefits Do NOT use P-EBT benefits to buy ir U.S.C. 802. Do NOT use someone else's P-EBT b Do NOT use your P-EBT benefits for 3 Do NOT use your P-EBT benefits to p Do NOT sell food purchased with P-E Do cooperate with Quality Control. If you break these rules you may be stopped   | de information to get P-EBT benefits<br>neligible Items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21<br>enefits for your household<br>someone outside of your household<br>ago on a credit account, even if the charge was for P-EBT eligible food<br>EBT benefits<br>I from getting benefits and you can be prosecuted.  |
| Penalty Warning Follow These Rules  Do NOT give false information or hid Do NOT trade or sell P-EBT benefits Do NOT use P-EBT benefits to buy ir U.S.C. 802.  Do NOT use your P-EBT benefits for Do NOT use your P-EBT benefits for Do NOT use your P-EBT benefits to p Do NOT sell food purchased with P-E Do cooperate with Quality Control.  If you break these rules you may be stopped Households found guility of purchasing a cor a second offense.  | de information to get P-EBT benefits<br>neligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21<br>enefits for your household<br>someone outside of your household<br>pay on a credit account, even if the charge was for P-EBT eligible food<br>EBT benefits<br>I from getting benefits and you can be prosecuted.<br>ntrolled substance as defined by 21 U.S.C. 802, with P-EBT benefits shall be disqualified for two years for a first offense and permanently fo  |
| Penalty Warning Follow These Rules  Do NOT give false information or hid Do NOT tade or sell P-EBT benefits Do NOT use P-EBT benefits to buy in U.S.C. 802.  Do NOT use your P-EBT benefits for : Do NOT use your P-EBT benefits for : Do NOT use your P-EBT benefits to p Do NOT sell food purchased with P-F Do cooperate with Quality Control. If you break these rules you may be stopped Households found guilty of purchasing a cor a second offense.  Recipients found guilty of purchasing firea permanently for the first offense.   | de information to get P-EBT benefits<br>neligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21<br>ienefits for your household<br>someone outside of your household<br>pay on a credit account, even if the charge was for P-EBT eligible food<br>EBT benefits<br>I from getting benefits and you can be prosecuted.<br>ntrolled substance as defined by 21 U.S.C. 802, with P-EBT benefits shall be disqualified for two years for a first offense and permanently fo<br>arms, ammunition and explosives with P-EBT benefits or convicted of trafficking P-EBT benefits of \$500 or more shall be disqualified  |
| Penalty Warning Follow These Rules Do NOT give false information or hid Do NOT trive false information or hid Do NOT trive false information or hid Do NOT use of the PEBT benefits Do NOT use your P-EBT benefits for 1 DO NOT sell food purchased with P-E DO cooperate with Quality Control. If you break these rules you may be stopped Households found guilty of purchasing frea permanently for the first offense. Anyone in your household shall be ineligible n order to receive multiple benefits simultan | de information to get P-EBT benefits<br>neligible Items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21<br>enefits for your household<br>someone outside of your household<br>ago on a credit account, even if the charge was for P-EBT eligible food<br>EBT benefits<br>I from getting benefits and you can be prosecuted.<br>ntrolled substance as defined by 21 U.S.C. 802, with P-EBT benefits shall be disqualified for two years for a first offense and permanently fo<br>arms, ammunition and explosives with P-EBT benefits or convicted of trafficking P-EBT benefits of \$500 or more shall be disqualified<br>to participate for 10 years if he/she is found to have made a fraudulent statement or representation with respect to identity and residence<br>recusity. |

- Integrated Eligibility and Enrollment System
- 2. On the Applicant Information screen, in the *Student Information* section, enter the child's **First** Name, M.I. (if applicable), Last Name, and Suffix (if applicable).
- 3. Enter the child's social security number in the **SSN** field.
- 4. Verify the child's social security number by re-entering it in the **Confirm SSN** field.
- 5. Enter the child's birthday in the **Date of Birth** calendar field.
- 6. In the Statewide Student ID (SSID) field, enter the child's student ID number.

**Please Note:** Public school students have a unique 10-digit statewide Student ID number that must be entered here. If the parent does not know their child's SSID, they must call the child's school to get it. Private school and military base school students are not given a unique statewide Student ID number. In this field, parents of private schools students must enter the student's initials (up to 4 characters) followed by their 8-digit birthdate (MMDDYYYY) to proceed with the application (e.g. – JD12312010).

- 7. Enter an email address that can be used to communicate details about the child's P-EBT case in the **E-mail Address** field.
- 8. Re-enter the same email address in the **Confirm E-mail Address** field to confirm the correct address is provided. The email address provided will be used to communicate important updates on the status of the child's P-EBT application.
  - a. Clicking or hovering over the icon displays the following message: "Please enter your email address in order to receive updates about your application. If you do not enter an email address you will not receive status updates."
- 9. Enter a **Cell Phone Number** that can be used to contact the parent in case someone must reach out about their child's application.
- 10. Re-enter the same phone number in the **Confirm Cell Phone Number** field to confirm the correct number is provided.
- 11. Select if the child is a Foster Child, Migrant, Runaway, and/or Homeless in the Can the student be identified as one of the following? field.

|   |   |  |                     |        | Integrated Eligibility and<br>Enrollment System |
|---|---|--|---------------------|--------|---|
| Г |   |  |                     |        |   |
|   | Applicant Informa                       | tion                                   |                     |        | *=Required field                                |
|   | Please enter all your required informat | ion below for the Pandemic-EBT Appli   | cation              |        |   |
|   | Student Informatio                      | n                                      | 2                   |        |   |
|   | * First Name                            | M.I                                    | * Last Name         | Suffix |   |
|   |   |  |                     |        | ~   |
| Ц | SSN                                     | Confirm SSN                            | * Date of Birth     |        |   |
| 3 | <xxx-xx-xxxx></xxx-xx-xxxx>             | 4 <xxx-xx-xxxx></xxx-xx-xxxx>          | 5 mm/dd/yyyy        |        |   |
| Ļ | Statewide Student ID (SSID) $(i)$       | * Email Address (i)                    | * Confirm Email Adc | lress  |   |
| 6 |   | 7                                      | 8                   |        |   |
|   | Cell Phone Number                       | Confirm Cell Phone Num                 | ber                 |        |   |
| 9 | ###-###-####                            | 10 ###-###-####                        |                     |        |   |
|   | Can the student be identified as or     | e of the following? (select all that a |                     |        |   |
|   | □ Foster Child □ Migran                 | t 🗌 Runaway                            | Homeless            |        |   |

12. In the *Address Information* section, enter the child's current home address using **Address Line 1** and **Address Line 2** (if applicable).

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- 13. Enter the **City** in which the child resides.
- 14. Select the **State** using the drop-down menu.
- 15. Enter the Zip Code.
- 16. From the drop-down menu, select the **County**.

**Please Note:** P-EBT benefits cannot be forwarded. Individuals must ensure their address is current with USPS to ensure they receive the P-EBT Benefit card.

|    | Address Info     | rmation |            |         |                |  |
|----|------------------|---------|------------|---------|----------------|--|
| 12 | * Address Line 1 |         |            |         |                |  |
|    | * City           | * State | * Zip Code | Zip - 4 | * County<br>16 |  |

- 17. In the School Information section, select In-Person in the School Type drop-down menu.
- 18. Select the child's **School District**. Once a school district is selected, the **School Name** drop-down populates with the schools in that school district.
- 19. Select the school that the child attends in the **School Name** drop-down.

| School Informe | ation             |               |
|----------------|-------------------|---------------|
| * School Type  | * School District | * School Name |



21. When finished, click **Next** to go to the **Review** screen.

| Absence Information              |  |      |
|----------------------------------|--|------|
| Please enter information for the | amount of days student was absent due to COV | /ID  |
| September                        | February                                     |      |
| October                          | March  |      |
| November                         | April  |      |
| December                         | Мау  |      |
| January                          |  |      |
|                                  |  | Next |

**Please Note:** A maximum of 20 days may be requested for each P-EBT application from September 2022-April 2023. The federal government authorized this form of P-EBT assistance through the end of the Public Health Emergency, May 11, 2023. Therefore, only 9 days are able to be requested for May 2023.

22. Review the information displayed on the **Review** screen for accuracy. If any information is incorrect, click the **Back** button to edit the applicable details.

| First Name       PETUNIA       School Type       In Peruna         MJ       School District       District       District         Last Name       JONES       School Name       School I         SSN       Date of Birth       1/3/2010       V       V         Address Line 1       456 Market St       Address Line 2       October       05         City       Louisville       Soptember       05       December       05   | son<br>:t1 |
|---|------------|
| MJ       School District       District       District         Last Name       JONES       School Name       School I         SSN       SSN       JOne of Birth       1/3/2010       Image: Comparison of Compa | stl        |
| Last Name       JONES       School Name       School         SSN       Date of Birth       1/3/2010   |            |
| SSN Date of Birth 1/3/2010 Address Line 1 456 Market St Address Line 2 Absence Days: City Louisville September 05 October 05 State KY November 05 December 05   |            |
| Date of Birth       1/3/2010         Address Line 1       456 Market St         Address Line 2       Absence Days :         City       Louisville       September       05       October       05         State       KY       November       05       December       05  |            |
| Address Line 1     456 Market St       Address Line 2     Absence Days:       City     Louisville     September     05     October     05       State     KY     November     05     December     05  |            |
| Address Line 2         Absence Days:           City         Louisville         September         05         October         05           State         KY         November         05         December         05   |            |
| City     Louisville     September     05     October     05       State     KY     November     05     December     05  |            |
| State KY November 05 December 05  |            |
|   |            |
| Zip Code 40210 January 05 February 05   |            |
| County JEFFERSON March 05 April 05  |            |
| May 05  |            |

- 23. After confirming the details on the **Review** screen are correct, in the Sign & Submit section, click the **By entering my name below**, I am electronically signing my application checkbox.
- 24. Enter the **First Name**, **M.I.** (if applicable), **Last Name**, and **Suffix** (if applicable) of the Individual signing the application.
- 25. Click the I am not a robot ReCAPTCHA checkbox.

|           | Sign & Submit  |             |          |    |      |        |
|-----------|--|-------------|----------|----|------|--------|
|           | E-Signature  |             |          |    |      |        |
|           | By entering my name below, I am electronically signing my application. |             |          |    |      |        |
| $\square$ | * First Name MJ  | * Last Name | Suffix   |    |      |        |
| 24        |  |             | <b>`</b> | •] |      |        |
|           | * Please enter captcha.  |             |          |    |      |        |
|           | I'm not a robot C 25   |             |          |    |      |        |
|           | reCAPTCHA<br>Privag- tama  |             |          |    |      |        |
|           |  |             |          |    | Prev | Submit |

26. Follow all of the requested steps of the ReCAPTCHA checkbox.

27. When completed, a green checkmark displays in the **I'm not a robot** reCAPTCHA checkbox.



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### 28. Click Submit.

| Sign & Submit                |   |             |        |      |        |
|------------------------------|---|-------------|--------|------|--------|
| E-Signature                  |   |             |        |      |        |
| • By entering my name below, | am electronically signing my application. |             |        |      |        |
| * First Name                 | MJ  | * Last Name | Suffix | ~    |        |
| * Please enter captcha.      |   |             |        |      |        |
| V I'm not a robot            | reCAPICHA<br>Pinary - Tems                |             |        |      |        |
|                              |   |             |        | Prev | Submit |

- 29. On the **Pandemic EBT Eligibility** screen, Residents are provided an **Application ID** and are displayed the **Results** of the application. For In-Person Students, the **Result** column is going to show as 'Pending' until a school administrator has the chance to review the application and either approve or deny based on if the child is eligible to receive free or reduced price school meals through the NSLP, and based on the absence data entered.
  - a. After a school administrator reviews the child's application and updates the status, an email is sent to the email address provided giving an update on if the application is approved or denied.

| Pandemic EBT Eligibility   |                |         |  |  |
|--|----------------|---------|--|--|
| Please take note of your application number as this will be used for tracking purposes if you have any questions throughout the Pandemio-EBT process.                              |                |         |  |  |
| Below you will see a summary of your eligibility results. These eligibility results are based on the information you have told us. Each and every person's situation is different. |                |         |  |  |
| Students   | Application ID | Results |  |  |
| John Doe   | 100095         | Pending |  |  |

# **Completing an Application – Virtual Attendance**

KY Residents may apply for P-EBT reimbursements by completing an application. For assistance in completing the P-EBT application for children who attended school virtually between 9/1/2022-5/11/2023, please reference the direction below.

**Please Note:** An application must be submitted for each eligible child, and for each of the following situations:

- If a child moves households between September 1st, 2022-May 11th, 2023, a separate application must be entered for each household to apply for the months in which the child had a COVID-19 related absence in each household. Duplicate reimbursements will not be provided for the same month(s).
- If the student changed school districts, a separate application must be submitted for each school district the child attended.
- If the student changed school type (In-Person to Virtual, Virtual to homeschool, etc.), an application must be submitted for each school type.

### Steps to Complete a P-EBT Application for Virtual Attendance

1. When navigating to <u>https://kypebt.ky.gov/</u>, the **Pandemic EBT Information and Rules** screen displays before entering the application. This screen displays what information Residents need to apply, rules they must follow when using the application and their P-EBT reimbursements, and the Terms and Conditions of using the P-EBT application. Click **Start Pandemic EBT Application** if the Individual has all of the information displayed in the *Information Before You Apply* section. By clicking the **Start Pandemic EBT Application** button, the Resident agrees to the Terms and Conditions and Privacy Policy displayed, and to the potential consequences of misusing P-EBT benefits.

**Please Note:** Residents applying for virtual students must have the following items available before applying to ensure the application is processed:

- Proof of income for each earning household member within the student's household. Proof of income includes the following three categories:
  - o Earnings from work
  - o Public Assistance, Child Support, Alimony Earnings
  - o Pensions, Social Security, VA Benefits, and all other forms of income
- The child's benefit case number if the student received at least one day of Medicaid, SNAP, and/or KTAP benefits for at least one day between July 1st, 2022 and May 11th, 2023.
- Identity verification, such as Birth Certificate, Familial Records, or Social Security Card.

### Pandemic EBT Information and Rules

#### **Information Before You Apply**

P-EBT is authorized from September 1, 2022 through the end of the federally declared Public Health Emergency (PHE) on May 11, 2023. If eligible, a student can receive P-EBT benefits for in person school days missed for COVID-related reasons during the period of September 1, 2022 through May 11, 2023.

Please collect the below information for the student you want to apply for Pandemic EBT (P-EBT) benefits before beginning the application. You will need to complete the application in a single session:

- Student's Legal First Name
- Student's Legal Last Name
- Student's Date of Birth
- Statewide Student ID (SSID)

PUBLIC SCHOOL students are issued a unique 10-digit ID. Contact the student's school to get the SSID. You can apply for P-EBT only when you have the SSID. PRIVATE SCHOOL and MILITARY BASE SCHOOL (i.e., Fort Campbell, Fort Knox) students do not have SSID numbers. Enter your student's initials (up to 4 characters) followed by 8-digit birthdate (MMDDPYYY) to proceed with the application for a PRIVATE school student, e.g., JD12312010. SSID is not required for HOMESCHOOL students.

- Student's Social Security Number (if one has been assigned)
- Dates of ALL School Days Missed Due to the COVID-19 Pandemic

Additionally, Homeschool and Virtual students may need the following to complete the application process:

- · Proof for each type of income the people in the student's household receive
- SNAP, Medicaid or KTAP Case Number (if the student receives/has received public assistance benefits)
- Student's Identity verification

#### **Penalty Warning**

Follow These Rules

- Do NOT give false information or hide information to get P-EBT benefits
- Do NOT trade or sell P-EBT benefits
- Do NOT use P-EBT 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 P-EBT benefits for your household
- Do NOT use your P-EBT benefits for someone outside of your household
- Do NOT use your P-EBT benefits to pay on a credit account, even if the charge was for P-EBT eligible food
- Do NOT sell food purchased with P-EBT benefits
- Do cooperate with Quality Control.

If you break these rules you may be stopped from getting benefits and you can be prosecuted.

Households found guilty of purchasing a controlled substance as defined by 21 U.S.C. 802, with P-EBT benefits shall be disqualified for two years for a first offense and permanently for a second offense.

Recipients found guilty of purchasing firearms, ammunition and explosives with P-EBT benefits or convicted of trafficking P-EBT benefits of \$500 or more shall be disqualified permanently for the first offense.

Anyone in your household shall be ineligible to participate for 10 years if he/she is found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously.

Anyone in your household who is fleeing felon, probation or parole violator, delinquent with child support or a convicted drug felon will be ineligible for P-EBT benefits.

#### **Terms and Conditions/Privacy Policy**

By sending us your contact information via the Pandemic EBT Application form, you understand that it will be sent to the Department of Community Based Services (DCBS) who will contact you to provide updates on your application. When you submit this form, you agree to receive emails, phone calls, or text messages from the Department of Community Based Services (DCBS) regarding your Pandemic EBT application and benefits. You may receive these phone calls or texts even if you are on the National Do Not Call Registry. Your phone carrier's normal rates for receiving phone calls or text messages may apply.

Do not click "Start Pandemic EBT Application" if you do not agree to all conditions above, as well as those described in our Privacy Policy & Terms of Use.

Start Pandemic EBT Application

- Integrated Eligibility and Enrollment System
- 2. On the Applicant Information screen, in the *Student Information* section, enter the child's **First** Name, M.I. (if applicable), Last Name, and Suffix (if applicable).
- 3. Enter the child's social security number in the **SSN** field.
- 4. Verify the child's social security number by re-entering it in the **Confirm SSN** field.
- 5. Enter the child's birthday in the **Date of Birth** calendar field.
- 6. In the Statewide Student ID (SSID) field, enter the child's student ID number.

**Please Note:** Public school students have a unique 10-digit statewide Student ID number that must be entered here. If the parent does not know their child's SSID, they must call the child's school to get it. Private school and military base school students are not given a unique statewide Student ID number. In this field, parents of private schools students must enter the student's initials (up to 4 characters) followed by their 8-digit birthdate (MMDDYYYY) to proceed with the application (e.g. – JD12312010).

- 7. Enter an email address that can be used to communicate details about the child's P-EBT case in the **E-mail Address** field.
- 8. Re-enter the same email address in the **Confirm E-mail Address** field to confirm the correct address is provided. The email address provided will be used to communicate important updates on the status of the child's P-EBT application.
  - a. Clicking or hovering over the icon displays the following message: "Please enter your email address in order to receive updates about your application. If you do not enter an email address you will not receive status updates."
- 9. Enter a **Cell Phone Number** that can be used to contact the parent in case someone must reach out about their child's application.
- 10. Re-enter the same phone number in the **Confirm Cell Phone Number** field to confirm the correct number is provided.
- 11. Select if the child is a Foster Child, Migrant, Runaway, and/or Homeless in the Can the student be identified as one of the following? field.

|   |   |  |                                |        | Integrated Eligibility and<br>Enrollment System |
|---|---|--|--------------------------------|--------|---|
| ſ | Applicant Inform  | ation  |                                |        | *=Required field                                |
|   | Please enter all your required inform Student Informati | nation below for the Pandemic-EBT App        | plication                      |        |   |
|   | * First Name  | M.I  | 2 * Last Name                  | Suffix |   |
|   |   |  |                                |        | ~   |
| 3 | SSN<br><xxx-xx-xxxx></xxx-xx-xxxx>                      | 4 Confirm SSN<br><xxx-xx-xxxx></xxx-xx-xxxx> | * Date of Birth 5 mm/dd/yyyy 🛱 | ]      |   |
| 6 | Statewide Student ID (SSID) (i)                         | 7  | 8 Confirm Email Address        |        |   |
| 9 | Cell Phone Number<br>###-####-####                      | Confirm Cell Phone Nu                        | mber                           |        |   |
|   | Can the student be identified as                        | one of the following? (select all that       | apply)                         |        |   |
|   | Foster Child     Migra                                  | ant 🗌 Runaway                                | Homeless                       |        |   |

- 12. In the *Address Information* section, enter the child's current home address using **Address Line 1** and **Address Line 2** (if applicable).
- 13. Enter the **City** in which the child resides.
- 14. Select the **State** using the drop-down menu.
- 15. Enter the Zip Code.
- 16. From the drop-down menu, select the **County**.

**Please Note:** P-EBT benefits cannot be forwarded. Individuals must ensure their address is current with USPS to ensure they receive the P-EBT Benefit card.

|    | Address Info     | rmation |            |         |                |  |
|----|------------------|---------|------------|---------|----------------|--|
|    | * Address Line 1 |         |            |         |                |  |
| 12 | Address Line 2   |         |            |         |                |  |
|    | * City           | * State | * Zip Code | Zip - 4 | * County<br>16 |  |



18. Select the child's **School District**. Once a school district is selected, the **School Name** drop-down populates with the schools in that school district.

Integrated Eligibility and Enrollment System

- 19. Select the school that the child was enrolled in for virtual learning from the School Name drop-down.
- 20. If the school name cannot be found in the **School Name** field, select **Other.** Then use the **School Name (If Other)** text box to manually input the name of the school the child was enrolled in.
- 21. Select Yes or No to the following questions:
  - a. Was the Student enrolled in virtual learning on or after January 27th, 2020?
  - b. Was the student enrolled in virtual learning due to the COVID-19 pandemic?
  - c. When was the student enrolled in virtual learning?

**Please Note:** It is important to note that only virtual students who were enrolled in the virtual school type after January 27th, 2020, AND became enrolled in virtual school only for COVID-19 related reasons are eligible for a P-EBT reimbursement.

| Γ  | School Information  |   |  |                        |
|----|---|---|--|------------------------|
| 17 | Please enter information for the school which student was * School Type Virtual | absent from<br>* School District  | * School Name  | School Name (if Other) |
|    | * Was the student enrolled in virtual learning<br>on or after January 27, 2020? | * Was the student enrolled in virtual learning<br>due to the COVID-19 pandemic? | * When was the student enrolled in virtual learning? | 21                     |

22. In the *Income Information* section, enter how many Individuals live in the Individual's household in the **How many members are currently in your household?** field.

Integrated Eligibility and Enrollment System

- 23. If the child for which the application is being created received SNAP, Medicaid, or KTAP benefits for at least one day between 7/1/2022 and 5/11/2023, enter the child's case number into the **SNAP**, **Medicaid**, or **KTAP Case Number** field.
- 24. At the bottom of the *Income Information* section is where Individuals must add the total gross income (Net income for self-employment) of every household member in the household that receives any income, and the pay frequency in which that Individual receives that income. The three categories of income are:
  - a. Earnings from Work
  - b. Cash Assistance, Child Support, Alimony Earnings
  - c. Pensions, Social Security, VA Benefits, all other forms of income
- 25. Click the **+Add Member** hyperlink to add additional income records based on the number of Individuals in the household that receive income. Income must be entered for all Individuals that receive income in the household, regardless of age.
- 26. For each member's income record, enter the Name of the Household Member and enter their total gross income (before taxes and deductions) that the Individual receives for each pay frequency (Weekly, Bi-Weekly, Monthly, etc.) in the first column of each of the 3 sets of income sources displayed. If a member is self-employed, enter their total annual net income (after deductions) under Earnings from Work. For each income source where an income amount is entered, use the right column drop-down to select the frequency in which the household member receives that income. Income verification will be required for all household members in which income information is provided.

**Please Note:** For the income types that an Individual does not receive income, \$0 must be entered in the first column. When \$0 is entered in the first column, the second column where Individuals normally select the payment frequency is disabled.

For example, if John Doe makes \$500 Weekly at his job, you would enter 500 in the first column, and select Weekly in the second column under **Earnings from Work**. If that is John Doe's only source of income, \$0 must be entered in the first column under both **Public Assistance, Child Support, Alimony** and **Pensions, Social Security, Retirement, VA Benefits, all other forms of income**.

|   | 4  |   |   |   |  |                          |  |
|---|--|---|---|---|--|--------------------------|--|
| Income Inform   | mation   |   |   |   |  |                          |  |
| Please enter information reg  | garding your Household Income to   | verify eligibility  |   |   |  |                          |  |
| * How many members ar   | e currently in your SNAP,  | Medicaid, or KTAP Case Number   | i   |   |  |                          |  |
| household?  |  |   |   |   |  |                          |  |
| 2   |  |   | 23  |   |  |                          |  |
|   |  |   | 20  |   |  |                          |  |
| Enter the name of each h  | 10usehold member who has incor   | ne and the income amount for e  | ach type in whole   | dollars (no cents) o  | nly. If an individua   | al                       |  |
| Enter the name of each h<br>has income from a job, e  | nousehold member who has incor<br>nter their <b>total gross income (be</b>   | me and the income amount for e.   | ach type in whole<br>t the Individual r   | dollars (no cents) o<br>eceives for each pay  | nly. If an individua<br>frequency (Weekly  | al<br>y,                 |  |
| Enter the name of each h<br>has income from a job, e<br>Bi-Weekly, Monthly, etc.)<br>total gross amount of cl   | nousehold member who has incor<br>nter their <b>total gross income (be</b><br>in the first column. Enter the <b>net</b><br>hild support, alimony or cash assi  | ne and the income amount for ea<br>efore taxes and deductions) tha<br>amount of income and frequen<br>stance each individual receives a   | ach type in whole<br>t the Individual r<br>icy of pay for eac<br>nd the frequency   | dollars (no cents) o<br>eceives for each pay<br>h self-employed indi<br>it is received in the s   | nly. If an individua<br>frequency (Weekly<br>vidual. Enter the<br>second column. En  | al<br>y,<br>nter         |  |
| Enter the name of each h<br>has income from a job, e<br>Bi-Weekly, Monthly, etc.)<br>total gross amount of<br>the total gross amount  | nousehold member who has incor<br>enter their <b>total gross income (be</b><br>in the first column. Enter the <b>net</b><br>hild support, alimony or cash assi<br>of Social Security benefits, VA ber  | ne and the income amount for e<br>efore taxes and deductions) tha<br>amount of income and frequer<br>stance each individual receives a<br>nefits, Pension income or any oth   | ach type in whole<br>it the Individual r<br>icy of pay for eac<br>nd the frequency<br>ier type of incom   | dollars (no cents) o<br>eceives for each pay<br>h self-employed indi<br>it is received in the<br>e an individual receiv   | nly. If an individua<br>frequency (Weekly<br>ividual. Enter the<br>second column. En<br>ves and the pay  | al<br>y,<br>nter         |  |
| Enter the name of each h<br>has income from a job, e<br>Bi-Weekly, Monthly, etc.)<br>total gross amount of cl<br>the total gross amount<br>frequency in the 3 <sup>rd</sup> colur<br>blank, or do not add a re  | nousehold member who has incor<br>inter their <b>total gross income (b</b> ut<br>in the first column. Enter the <b>net</b><br>hild support, alimony or cash assi<br>of Social Security benefits, VA ber<br>mn. If a household member does<br>cord for any Household Member,                                | me and the income amount for e-<br>fore taxes and deductions) tha<br>amount of income and frequen<br>stance each individual receives a<br>nefits, Pension income or any oth<br>not receive income from any sou<br>, you are certifying (promising) th   | ach type in whole<br>t the Individual n<br>icy of pay for eac<br>nd the frequency<br>er type of incom-<br>irce, enter '0' for e<br>nat there is no inc          | dollars (no cents) o<br>eccives for each pay<br>h self-employed indi<br>it is received in the :<br>a n individual receive<br>each type. If you ent<br>ome to report.  | nly. If an individua<br>frequency (Weekly<br>ividual. Enter the<br>second column. En<br><i>r</i> es and the pay<br>er '0', leave any fie   | al<br>y,<br>nter         |  |
| Enter the name of each h<br>has income from a job, e<br>Bi-Weekly, Monthly, etc.)<br><b>total gross amount</b> of cl<br>the <b>total gross amount</b><br>frequency in the 3 <sup>rd</sup> colur<br>blank, or do not add a re                                | nousehold member who has incor<br>enter their <b>total gross income (be</b><br>in the first column. Enter the <b>net</b><br>hild support, alimony or cash assi<br>of Social Security benefits, VA ber<br>mn. If a household member does<br>cord for any Household Member,                                  | ne and the income amount for e<br>efore taxes and deductions) tha<br>amount of income and frequer<br>stance each individual receives a<br>nefits, Pension income or any oth<br>not receive income from any sou<br>, you are certifying (promising) th   | ach type in whole<br>t the Individual re<br>icy of pay for eac<br>nd the frequency<br>ier type of incom-<br>irce, enter '0' for<br>iat there is no inc          | dollars (no cents) o<br>eceives for each pay<br>h self-employed indi<br>it is received in the<br>e an individual receive<br>each type. If you ento<br>ome to report.  | nly. If an individua<br>frequency (Weekly<br>ividual. Enter the<br>second column. En<br>ves and the pay<br>er '0', leave any fie   | al<br>y,<br>nter<br>elds |  |
| Enter the name of each h<br>has income from a job, e<br>Bi-Weekly, Monthly, etc.)<br>total gross amount of cl<br>the total gross amount<br>frequency in the 3 <sup>rd</sup> colur<br>blank, or do not add a re<br>*Household                                | nousehold member who has incor<br>inter their total gross income (but<br>in the first column. Enter the <b>net</b><br>hild support, alimony or cash assi<br>of Social Security benefits, VA ber<br>mn. If a household member does<br>cord for any Household Member,<br><b>*Earnings From</b>               | me and the income amount for en-<br>efore taxes and deductions) that<br>amount of income and frequen<br>stance each individual receives a<br>nefits, Pension income or any oth<br>not receive income from any sou<br>you are certifying (promising) th<br>*Cash Assistance, C                     | ach type in whole<br>t the Individual rr<br>icy of pay for eac<br>nd the frequency<br>er type of incom-<br>irce, enter '0' for<br>at there is no incon-<br>hild | dollars (no cents) o<br>eccives for each pay<br>h self-employed indi<br>it is received in the<br>e an individual receives<br>each type. If you ent<br>ome to report.<br>*Pensions,<br>Retirement                | nly. If an individua<br>frequency (Weekly<br>vidual. Enter the<br>second column. En<br>/es and the pay<br>er '0', leave any fie<br>Social Security,<br>VA Benefits, all                    | al<br>y,<br>nter<br>elds |  |
| Enter the name of each h<br>has income from a job, e<br>Bi-Weekly, Monthly, etc.)<br><b>total gross amount</b> of cl<br>the <b>total gross amount</b><br>frequency in the 3 <sup>rd</sup> colur<br>blank, or do not add a re<br><b>*Household</b><br>Member | nousehold member who has incor<br>enter their <b>total gross income (be</b><br>in the first column. Enter the <b>net</b><br>hild support, alimony or cash assi<br>of Social Security benefits, VA ber<br>mn. If a household member does<br>cord for any Household Member,<br><b>*Earnings From</b><br>Work | me and the income amount for ea<br>efore taxes and deductions) that<br>amount of income and frequer<br>stance each individual receives a<br>nefits, Pension income or any oth<br>not receive income from any sou<br>, you are certifying (promising) th<br>*Cash Assistance, C<br>Support, Alimon | ach type in whole<br>t the Individual re-<br>icy of pay for eac<br>and the frequency<br>er type of incom-<br>rrce, enter '0' for e<br>hild                      | dollars (no cents) o<br>eceives for each pay<br>h self-employed indi<br>it is received in the<br>e an individual receive<br>each type. If you ent<br>ome to report.<br>*Pensions,<br>Retirement<br>other for    | nly. If an individua<br>frequency (Weekly<br>ividual. Enter the<br>second column. En<br>ves and the pay<br>er '0', leave any fie<br>Social Security,<br>, VA Benefits, all<br>ms of Income | al<br>y,<br>nter<br>elds |  |
| Enter the name of each h<br>has income from a job, e<br>Bi-Weekly, Monthly, etc.)<br><b>total gross amount</b> of cl<br>the <b>total gross amount</b><br>frequency in the 3 <sup>rd</sup> colur<br>blank, or do not add a re<br><b>*Household</b><br>Member | nousehold member who has incomenter their total gross income (bein in the first column. Enter the net hild support, alimony or cash assi of Social Security benefits, VA bein mn. If a household member does cord for any Household Member, *Earnings From Work  | me and the income amount for en<br>efore taxes and deductions) tha<br>amount of income and frequen<br>stance each individual receives a<br>nefits, Pension income or any oth<br>not receive income from any sou<br>, you are certifying (promising) th<br>*Cash Assistance, C<br>Support, Alimon  | ach type in whole<br>t the Individual r<br>icy of pay for eac<br>nd the frequency<br>er type of incom-<br>irce, enter '0' for<br>hat there is no inco<br>hild   | dollars (no cents) o<br>ecceives for each pay<br>h self-employed indi<br>it is received in the<br>e an individual receive<br>each type. If you entro<br>ome to report.<br>*Pensions,<br>Retirement<br>other for | nly. If an individua<br>frequency (Weekly<br>vidual. Enter the<br>second column. En<br>ves and the pay<br>er '0', leave any fie<br>Social Security,<br>, VA Benefits, all<br>ms of Income  | al<br>y,<br>elds         |  |

- 27. In the Absence Information section, use the checkboxes to select the months in which the student missed virtual learning for at least one day in the month due to a COVID-19 related reason. For each selected month, students will be issued 20 days worth of reimbursement, or \$163.60, if approved. If May is selected and the child is approved, they will be issued 9 days of reimbursement for that month because the federal government authorized that P-EBT assistance is only provided through the end of the Public Health Emergency, or May 11<sup>th</sup>, 2023. For May 2023, the prorated amount issued is \$73.62. At least one month must be checked in order for the application's eligibility to be evaluated for a P-EBT reimbursement.
- 28. When all correct months are selected, click **Next** to go to the **Review** screen.

| eptember 2022 |    | ent due to the COVID-19 pandemic. System wi<br>February 2023 | ill automatically request the maximum allowable school benefit days for each select |
|---------------|----|--|---|
| October 2022  |    | March 2023   |   |
| lovember 2022 |    | April 2023   |   |
| December 2022 | 20 | May 2023   | 9   |
| anuary 2023   |    |  | 28  |
|               |    |  | Back Ne   |

29. Review the information displayed on the **Review** screen for accuracy. If any information is incorrect, click the **Back** button to edit the applicable details.

Integrated Eligibility and Enrollment System

| eview  |  |  |  |  |  |      |
|--|--|--|--|--|--|------|
| First Name   | JOHN   | Student Status   |  | N/A  |  |      |
| м.і  |  | School Type  |  | Virtual  |  |      |
| Last Name  | DOE  | School District  |  | Adair County   |  |      |
| Suffix   |  | School Name  |  | Other - School N   | lame   |      |
| SSN  | 407-12-3456  | Was the student enr<br>learning on or after  | olled in virtual<br>January 27, 2020?  | YES  |  |      |
| Date of Birth  | 01/01/2012   | Was the student enr<br>learning due to the   | olled in virtual<br>COVID-19 pandemic?   | YES  |  |      |
| Statewide Student ID (St   | SID) 1234567890  | When was the stude learning?   | nt enrolled in virtual   | 01/01/2022   |  |      |
| Email Address  | Hey@gmail.com  |  |  |  |  |      |
| Cell Phone Number  | 502-123-4567   |  |  |  |  |      |
| Address Line 1   | 123 ahabso iadjdn  | Absence Days :   |  |  |  |      |
| Address Line 2   |  | September 2022   | 20 <b>o</b>  | ctober 2022  | 00   |      |
| City   | Shelbyville  | November 2022  | 00 D   | ecember 2022   | 00   |      |
| State  | KY   | January 2023   | 00 Fe  | ebruary 2023   | 00   |      |
| County   | SHELBY   | March 2023   | 00 A   | pril 2023  | 00   |      |
| Zip Code   | 40065  | May 2023   | 00   |  |  |      |
| Household Ea   | Innings From Cash A  | Assistance, Child Support,<br>Alimony  | Pensions, Socia  | l Security, Retireme   | nt, VA Benefits, all other fo  | orms |
| JOHNNY DOE \$20  | 00.00 Weekly   | \$0  |  | of Incor   | me   |      |
| In & Submit<br>ignature<br>certify (promise) that all info<br>hool in person for a school-ag<br>nds, and that school officials<br>enefits, and I may be prosecut<br>E01 application. | rmation on this application<br>pproved COVID-related rea<br>may verify (check) the infor<br>ted under applicable State a | is true and that the dates<br>son. I understand that this<br>mation. I am aware that if<br>ind Federal laws. By checki | specified in my applica<br>information is given in<br>purposely give false i<br>ng this you consent to | tion are days that i<br>n connection with t<br>nformation, my chi<br>be electronically n | my child did not attend<br>he receipt of Federal<br>Idren may lose meal<br>sotified regarding your |      |
| l understand that the informa<br>changes need to be reported   | tion provided by me for this<br>for other benefits my hous   | s P-EBT application will not<br>ehold receives, I would nee  | t be used for other ber<br>ed to login to kynect.g   | efit assistance pro<br>ov or call DCBS at  | grams. I am aware that<br>1-855-306-8959.  |      |
|  | M.I  | * Last   | Name   | Suffix   |  |      |
| st Name  |  |  |  |  |  | ~    |
| st Name  |  |  |  |  |  |      |
| ase enter captcha.   |  |  |  |  |  |      |
| ase enter captcha.   | VeCAPTCHA<br>Phage - Temp  |  |  |  |  |      |
| st Name<br>ase enter captcha.  | ICAPTONA<br>Praga-Term   |  |  |  | Back   | Subm |

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30. After confirming all of the details on the **Review** screen, select the **first checkbox** of the *Sign and Submit* section if the Individual confirms that all of the information provided has been provided truthfully, and that if information has been falsified, the Individual may be prosecuted under state and federal laws.

- 31. Select the **second checkbox** to confirm that the Individual understands this P-EBT application will not be used for any other benefit assistance programs, and that if changes need to be reported on other benefits the household receives, the Individual must login to kynect or call DCBS to report those changes.
- 32. Enter the **First Name**, **M.I.** (if applicable), **Last Name**, and **Suffix** (if applicable) of the Individual signing the application.
- 33. Select the I am not a robot reCAPTCHA checkbox and follow the directions provided.
- 34. Once this has been completed, click **Submit**. This displays the **Pandemic EBT Eligibility** screen.

|    | Sign & Submit  |    |
|----|--|----|
|    | E-Signature  |    |
| 30 | I certify (promise) that all information on this application is true and that the dates specified in my application are days that my child did not attend<br>school in person for a school-approved COVID-related reason. I understand that this information is given in connection with the receipt of Federal<br>funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal<br>benefits, and I may be prosecuted under applicable State and Federal laws. By checking this you consent to be electronically notified regarding your<br>P-EBT application. |    |
| 31 | I understand that the information provided by me for this P-EBT application will not be used for other benefit assistance programs. I am aware that if changes need to be reported for other benefits my household receives, I would need to login to kynect.gov or call DCBS at 1-855-306-8959.   |    |
| 32 | * First Name M.I * Last Name Suffix  |    |
| 33 | Please enter captcha.      I'm not a robot     recAPTCHA     Privacy - Terms   |    |
|    | Back Submit  | 34 |

- 35. The **Pandemic EBT Eligibility** screen is where the results of the application are displayed. This screen is also where Individuals must upload the supporting documents requested.
- 36. The top table on the screen shows the application results. If the household must provide supporting documents based on the information entered before a full determination can be made on the child's application, "Pending for Document Upload" is displayed in the **Result** column.

| ACTION REQUIRED! Based on your appli<br>acceptable documents are listed in the<br>of the required verification now as you<br>required verification. | cation responses, we need document<br>a Document Upload section below. Cli<br>will not be able to access this screen        | ation to determine your student's Pan<br>ick 'upload' to attach verification for ea<br>again once you leave this webpage. Y | demic-EBT eligibility. The required verification and types of<br>sch member listed. It is VERY IMPORTANT that you upload al<br>our application may be denied if you fail to upload ALL |
|---|---|---|--|
| Please take note of your application ID<br>elow is a summary of your eligibility resul  | You will need this number if you have<br>ts. These results are based on the info<br>ication will be sent to the email addre | t any questions about your Pandemic-<br>rmation you provided. Each and every<br>ss you gave us. Please monitor your er      | EET application.<br>student's situation is different.<br>nail inbox for updates from 'this' email address.   |
| Student   | Application ID  | Rosult  | Reason   |
| JOHN DOE  | 100044  | Pending for Document Upload   | Supporting documents required for Income   |

37. If supporting documents do not need to be provided but the application is still waiting on the determination of a P-EBT reviewer, "Pending" is displayed in the **Result** column.

| Pandemic EBT Eligibility                        | /   |                                     |  |
|---|---|-------------------------------------|--|
| Please take note of your application ID. Yo     | u will need this number if you have any   | / questions about your Pandemic-E   | BT application.                                  |
| Below is a summary of your eligibility results. | These results are based on the informa    | tion you provided. Each and every s | student's situation is different.                |
| Updates regarding the status of your applica    | tion will be sent to the email address yo | ou gave us. Please monitor your em  | ail inbox for updates from 'this' email address. |
| Student   | Application ID                            | Result                              | Reason   |
| JOHNNY DPE                                      | 100045                                    | Pending                             | N/A  |

38. If "Denied" is displayed in the **Result** column, then the child has been Denied for the requested P-EBT reimbursement. A denial reason is also displayed in the **Reason** column when an application is automatically Denied. 39. When "Pending for Document Upload" is displayed in the *Result* column, an additional *Document Upload* section is displayed on the **Pandemic EBT Eligibility** screen to capture the necessary supporting documents.

- 40. The **Member** column displays the Individual for which verification is required. The **Required Verification** column displays the necessary verification that must be provided before the P-EBT application can be reviewed for approval or denial. The **Acceptable Documents** column provides examples of what can be provided as the required verification.
- 41. For each Individual displayed in the **Member** column that has a red dot to the left of their name, click the **Add** button in the **Document** column. This displays the **Document Upload** pop-up.

| Pandem  | ic EBT Eligibili   | ty   |   |   |
|---|--|--|---|---|
| ACTION REQU<br>acceptable a<br>of the require<br>required verif | RED! Based on your applic<br>locuments are listed in the<br>diverification now as you<br>lication. | cation responses, we need documenta<br>e Document Upload section below. Clia<br>will not be able to access this screen a | tion to determine your student's Pand<br>k 'upload' to attach verification for ea<br>Igain once you leave this webpage. Yo  | emic-EBT eligibility. The required vertification and types of<br>ch member listed. It is VERY IMPORTANT that you upload all<br>ur application may be denied if you fail to upload ALL |
| Please take n   | ote of your application ID.  | You will need this number if you have (  | any questions about your Pandemic-E   | 8T application.   |
| Below is a summ   | ary of your eligibility resul  | Its. These results are based on the inform   | mation you provided. Each and every   | student's situation is different.   |
| Updates regardi   | ng the status of your appl   | ication will be sent to the email addres   | s you gave us. Please monitor your em   | ail inbox for updates from 'this' email address.  |
|   | Student  | Application ID   | Rosult  | Reason  |
|   | JOHN DOE   | 100044   | Pending for Document Upload   | Supporting documents required for Income<br>Verification  |
| Document Upl<br>Please upload th<br>click 'Submit' ond          | load<br>e required supporting do<br>to all documents have be                                       | cuments as shown below. Your applica<br>en uploaded.   | tion will NOT be considered as comple   | te unless you provide all the required documents. Please  |
|   | Member   | Required Verfication   | Acceptable Documents  | Document  |
| •   | JOHNNY DOE   | Income Verification – Earnings<br>from Work  | Most recent 2 pay stubs; OR<br>employment contract: OR written<br>statement from employer (must<br>state pay rate, average hours<br>worked per pay period, and pay<br>frequency and be signed/dated by<br>employer); AND Tip Log (if<br>applicable) Self-employed:<br>personal records; Schedule C of<br>tax return | 40 <b>4</b> 1   |
|   |  |  |   | Submit  |

- 42. In the **Document Upload** pop-up, the **Document Type** drop-down displays values based on the required verification needed for that Individual. Select the **Document Type** that is being provided.
- 43. Individuals must use the **Choose File** button to select the document type that is being provided from their local files. Once a document is selected, they display to the right of the **Choose File** button.

**Please Note:** Files uploaded must not be password protected and must be less than 4 MB. Only .PDF, .JPEG, .JPG and .PNG file types are allowed for upload. If the Resident has more than one document to upload, they should consider merging them into one document before uploading. Also, if Written Statement or Collateral Contact are provided as verification, they must be dated and signed with a name and phone number. Collateral Contact must be someone outside of the household that is familiar with the household's situation.

- 44. If necessary, provide a **Description** of what is being provided.
- 45. Once these fields are completed, click **Upload**.

| Document U   | Jpload  | *=Required field    |
|--|---|---------------------|
| <ul> <li>File mus</li> <li>Only .PD</li> <li>have monotonic</li> <li>them interpretation</li> <li>Please underpretation</li> </ul> | It not be password protected and must be less than<br>F, JPEG, JPG and .PNG files are allowed for upload. If<br>ore than one document to upload, consider mergin<br>to one document before uploading.<br>upload only one version of supporting document pe<br>d verification. | n 4 MB.<br>you<br>g |
| Please select appr   | ropriate type of supporting document for upload.  |                     |
| <b>Member</b><br>JOHN DOE  | <b>Required Documentation</b><br>Income Verification – Earnings from Wo   | rk                  |
| Document Type *  | <ul><li>✓</li><li>42</li></ul>  |                     |
| Description  | 3   |                     |
|  | 44  |                     |
| 1 Upload Cancel  |   |                     |

46. If the file is uploaded successfully, a green dot displays to the left of the Member's name. Repeat these steps for each Required Verification listed, until a green dot is next to each Member's name in the *Document Upload* section.

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47. When all verification are displaying with a green dot, click **Submit** to complete the P-EBT application.

| CTION REQUI                                | IRED! Based on your appli<br>locuments are listed in th                           | ication responses, we need documenta<br>ne Document Upload section below. Clic           | tion to determine your student's Pande<br>k 'upload' to attach verification for eac                                  | mic-EBT eligibility, The required v<br>h member listed. It is VERY IMPOR | verification and typ<br>(TANT that you uplo |
|--|---|--|--|--|---|
| the require                                | id verification now as you<br>lication.   |  |  |  |   |
| ense take p                                | ata of your application ID  | You will cover this surpluse if you how a  | nnu exunctions, about usur Bandaesia. ED   | 17 opplication   |   |
|  |   |  |  | n opprovidere  |   |
| v is a summ                                | ary of your eligibility resu  | its. These results are based on the infor  | mation you provided. Each and every s  | tudent's situation is different.   |   |
| tes regardir                               | ng the status of your app   | lication will be sent to the email addres  | s you gave us. Please monitor your emo   | ail inbox for updates from 'this' er                                     | mail address.                               |
|  | Student   | Application ID   | Result   | Reason   |   |
|  |   |  |  |  |   |
| ument Uple                                 | JOHN DOE  | 100044   | Pending for Document Upload  | Supporting documents requir<br>Verification                              | red for Income                              |
| ument Upla<br>e upload the<br>'Submit' onc | JOHN DOE<br>oad<br>e required supporting do<br>to all documents have be<br>Member | 100044<br>cuments as shown below. Your applica<br>ien uploaded.<br>Required Verification | Pending for Document Upload  | Supporting documents requi<br>Verification                               | red for Income<br>ired documents. P         |
| ument Uple<br>e upload the<br>Submit' onc  | JOHN DOE<br>oad<br>e required supporting do<br>to all documents have be<br>Member | 100044<br>Incuments as shown below. Your application<br>Required Verfication             | Pending for Document Upload tion will NOT be considered as complet Acceptable Documents Most recent 2 per styles: 08 | Supporting documents requir<br>Verification                              | red for Income                              |

# **Completing an Application – Homeschool Attendance**

KY Residents may apply for P-EBT reimbursements by completing an application. For assistance in completing the P-EBT application for children who were home-schooled between 9/1/2022-5/11/2023, please reference the direction below.

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**Please Note:** An application must be submitted for each eligible child, and for each of the following situations:

- If a child moves households between September 1st, 2022-May 11th, 2023, a separate application must be entered for each household to apply for the months in which the child had a COVID-19 related absence in each household. Duplicate reimbursements will not be provided for the same month(s).
- If the student changed school districts, a separate application must be submitted for each school district the child attended.
- If the student changed school type (In-Person to Virtual, Virtual to homeschool, etc.), an application must be submitted for each school type.

### Steps to Complete a P-EBT Application for Homeschool Attendance

1. When navigating to <u>https://kypebt.ky.gov/</u>, the **Pandemic EBT Information and Rules** screen displays before entering the application. This screen displays what information Residents need to apply, rules they must follow when using the application and their P-EBT reimbursements, and the Terms and Conditions of using the P-EBT application. Click **Start Pandemic EBT Application** if the Individual has all of the information displayed in the *Information Before You Apply* section. By clicking the **Start Pandemic EBT Application** button, the Resident agrees to the Terms and Conditions and Privacy Policy displayed, and to the potential consequences of misusing P-EBT benefits.

**Please Note:** Residents applying for Homeschool students must have the following items available before applying to ensure the application is processed:

- Proof of income for each earning household member within the student's household. Proof of income includes the following three categories:
  - Earnings from work
  - o Public Assistance, Child Support, Alimony Earnings
  - o Pensions, Social Security, VA Benefits, and all other forms of income
- The child's benefit case number if the student received at least one day of Medicaid, SNAP, and/or KTAP benefits for at least one day between July 1st, 2022 and May 11th, 2023.
- Identity verification, such as Birth Certificate, Familial Records, or Social Security Card.

### Pandemic EBT Information and Rules

#### **Information Before You Apply**

P-EBT is authorized from September 1, 2022 through the end of the federally declared Public Health Emergency (PHE) on May 11, 2023. If eligible, a student can receive P-EBT benefits for in person school days missed for COVID-related reasons during the period of September 1, 2022 through May 11, 2023.

Please collect the below information for the student you want to apply for Pandemic EBT (P-EBT) benefits before beginning the application. You will need to complete the application in a single session:

- Student's Legal First Name
- Student's Legal Last Name
- Student's Date of Birth
- Statewide Student ID (SSID)

PUBLIC SCHOOL students are issued a unique 10-digit ID. Contact the student's school to get the SSID. You can apply for P-EBT only when you have the SSID. PRIVATE SCHOOL and MILITARY BASE SCHOOL (i.e., Fort Campbell, Fort Knox) students do not have SSID numbers. Enter your student's initials (up to 4 characters) followed by 8-digit birthdate (MMDDPYYY) to proceed with the application for a PRIVATE school student, e.g., JD12312010. SSID is not required for HOMESCHOOL students.

- Student's Social Security Number (if one has been assigned)
- Dates of ALL School Days Missed Due to the COVID-19 Pandemic

Additionally, Homeschool and Virtual students may need the following to complete the application process:

- · Proof for each type of income the people in the student's household receive
- SNAP, Medicaid or KTAP Case Number (if the student receives/has received public assistance benefits)
- Student's Identity verification

#### **Penalty Warning**

Follow These Rules

- Do NOT give false information or hide information to get P-EBT benefits
- Do NOT trade or sell P-EBT benefits
- Do NOT use P-EBT 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 P-EBT benefits for your household
- Do NOT use your P-EBT benefits for someone outside of your household
- Do NOT use your P-EBT benefits to pay on a credit account, even if the charge was for P-EBT eligible food
- Do NOT sell food purchased with P-EBT benefits
- Do cooperate with Quality Control.

If you break these rules you may be stopped from getting benefits and you can be prosecuted.

Households found guilty of purchasing a controlled substance as defined by 21 U.S.C. 802, with P-EBT benefits shall be disqualified for two years for a first offense and permanently for a second offense.

Recipients found guilty of purchasing firearms, ammunition and explosives with P-EBT benefits or convicted of trafficking P-EBT benefits of \$500 or more shall be disqualified permanently for the first offense.

Anyone in your household shall be ineligible to participate for 10 years if he/she is found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously.

Anyone in your household who is fleeing felon, probation or parole violator, delinquent with child support or a convicted drug felon will be ineligible for P-EBT benefits.

#### **Terms and Conditions/Privacy Policy**

By sending us your contact information via the Pandemic EBT Application form, you understand that it will be sent to the Department of Community Based Services (DCBS) who will contact you to provide updates on your application. When you submit this form, you agree to receive emails, phone calls, or text messages from the Department of Community Based Services (DCBS) regarding your Pandemic EBT application and benefits. You may receive these phone calls or texts even if you are on the National Do Not Call Registry. Your phone carrier's normal rates for receiving phone calls or text messages may apply.

Do not click "Start Pandemic EBT Application" if you do not agree to all conditions above, as well as those described in our Privacy Policy & Terms of Use.

**Start Pandemic EBT Application** 

2. On the **Applicant Information** screen, in the *Student Information* section, enter the child's **First Name**, **M.I.** (if applicable), **Last Name**, and **Suffix** (if applicable).

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- 3. Enter the child's social security number in the **SSN** field.
- 4. Verify the child's social security number by re-entering it in the **Confirm SSN** field.
- 5. Enter the child's birthday in the **Date of Birth** calendar field.
- 6. The Statewide Student ID (SSID) field is optional for Homeschool students.

**Please Note:** Homeschool students do not have a statewide student ID number, which is why this field is optional. Parents can choose to leave this field blank, or enter the student's initials (up to 4 characters) followed by their 8-digit birthdate (MMDDYYYY) to proceed with the application (e.g. – JD12312010 or BC02242015).

- 7. Enter an email address that can be used to communicate details about the child's P-EBT case in the **E-mail Address** field.
- 8. Re-enter the same email address in the **Confirm E-mail Address** field to confirm the correct address is provided. The email address provided will be used to communicate important updates on the status of the child's P-EBT application.
  - b. Clicking or hovering over the icon displays the following message: "Please enter your email address in order to receive updates about your application. If you do not enter an email address you will not receive status updates."
- 9. Enter a **Cell Phone Number** that can be used to contact the parent in case someone must reach out about their child's application.
- 10. Re-enter the same phone number in the **Confirm Cell Phone Number** field to confirm the correct number is provided.
- 11. Select if the child is a Foster Child, Migrant, Runaway, and/or Homeless in the Can the student be identified as one of the following? field.

|   |   |  |                                |        | Integrated Eligibility and<br>Enrollment System |
|---|---|--|--------------------------------|--------|---|
| ſ | Applicant Inform  | ation  |                                |        | *=Required field                                |
|   | Please enter all your required inform Student Informati | nation below for the Pandemic-EBT App        | plication                      |        |   |
|   | * First Name  | M.I  | 2 * Last Name                  | Suffix |   |
|   |   |  |                                |        | ~   |
| 3 | SSN<br><xxx-xx-xxxx></xxx-xx-xxxx>                      | 4 Confirm SSN<br><xxx-xx-xxxx></xxx-xx-xxxx> | * Date of Birth 5 mm/dd/yyyy 🛱 | ]      |   |
| 6 | Statewide Student ID (SSID) (i)                         | 7  | 8 Confirm Email Address        |        |   |
| 9 | Cell Phone Number<br>###-####-####                      | Confirm Cell Phone Nu                        | mber                           |        |   |
|   | Can the student be identified as                        | one of the following? (select all that       | apply)                         |        |   |
|   | Foster Child     Migra                                  | ant 🗌 Runaway                                | Homeless                       |        |   |

- 12. In the *Address Information* section, enter the child's current home address using **Address Line 1** and **Address Line 2** (if applicable).
- 13. Enter the **City** in which the child resides.
- 14. Select the **State** using the drop-down menu.
- 15. Enter the Zip Code.
- 16. From the drop-down menu, select the **County**.

**Please Note:** P-EBT benefits cannot be forwarded. Individuals must ensure their address is current with USPS to ensure they receive the P-EBT Benefit card.

|    | Address Info     | rmation |            |         |          |  |
|----|------------------|---------|------------|---------|----------|--|
|    | * Address Line 1 |         |            |         |          |  |
| 12 | Address Line 2   |         |            |         |          |  |
|    | * City           | * State | * Zip Code | Zip - 4 | * County |  |
|    | 13               | 14      | 15         |         | 16       |  |

- 17. In the *School Information* section, select **Homeschool** as the **School Type**. This displays additional fields in this section that are relevant only to Homeschool students.
- 18. Select Yes or No to Was the student enrolled in homeschool on or after January 27, 2020?
- 19. Select Yes or No to Was the student enrolled in homeschool due to the COVID-19 pandemic?
- 20. Enter the date the child became enrolled into the Homeschool school type in the **When was the student enrolled in homeschool?** field.
- 21. Select the **School District** and **School Name** of the school the child would have attended in the 2022-23 School Year if they were not enrolled in Homeschool.
  - a. If **Other** is selected in the **School Name** field, an additional **School Name (If Other)** field displays for the Individual to manually enter the name of the school the child would have attended if they were not home-schooled.

|    | School Information  |
|----|---|
|    | Please enter information for the school which student was absent from   |
|    | * School Type   |
| 17 | Homeschool ~  |
|    | * Was the student enrolled in homeschool * Was the student enrolled in * When was the student enrolled in homeschool enrolled in homeschool?<br>due to the COVID-19 pandemic? |
| 18 | ✓ 19 ✓ 20 mm/dd/yyyy □  |
|    | Please use the fields below to provide the school the student would have attended in School Year 2022-23 if not enrolled in homeschool.                                       |
|    | * School District * School Name   |
| 21 |   |

22. In the *Income Information* section, enter how many Individuals live in the Individual's household in the **How many members are currently in your household?** field.

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- 23. If the child for which the application is being created received SNAP, Medicaid, or KTAP benefits for at least one day between 7/1/2022 and 5/11/2023, enter the child's case number into the **SNAP**, **Medicaid**, or **KTAP Case Number** field.
- 24. At the bottom of the *Income Information* section is where Individuals must add the total gross income (Net income for self-employment) of every household member in the household that receives any income, and the pay frequency in which that Individual receives that income. The three categories of income are:
  - a. Earnings from Work
  - b. Cash Assistance, Child Support, Alimony Earnings
  - c. Pensions, Social Security, VA Benefits, all other forms of income
- 25. Click the **+Add Member** hyperlink to add additional income records based on the number of Individuals in the household that receive income. <u>Income must be entered for all Individuals that receive income in the household, regardless of age.</u>
- 26. For each member's income record, enter the Name of the Household Member and enter their total gross income (before taxes and deductions) that the Individual receives for each pay frequency (Weekly, Bi-Weekly, Monthly, etc.) in the first column of each of the 3 sets of income sources displayed. If a member is self-employed, enter their total annual net income (after deductions) under Earnings from Work. For each income source where an income amount is entered, use the right column drop-down to select the frequency in which the household member receives that income. Income verification will be required for all household members in which income information is provided.

**Please Note:** For the income types that an Individual does not receive income, \$0 must be entered in the first column. When \$0 is entered in the first column, the second column where Individuals normally select the payment frequency is disabled.

For example, if John Doe makes \$500 Weekly at his job, you would enter 500 in the first column, and select Weekly in the second column under **Earnings from Work**. If that is John Doe's only source of income, \$0 must be entered in the first column under both **Public Assistance, Child Support, Alimony** and **Pensions, Social Security, Retirement, VA Benefits, all other forms of income**.

|   |   |  |  |   |  |   |   | Eni  | roliment Syst | en |
|---|---|--|--|---|--|---|---|--|---------------|----|
|   |   |  |  |   |  |   |   |  |               | _  |
| Income Info   | rmation   |  |  |   |  |   |   |  |               |    |
| Please enter information  | regarding your Household Incor  | ne to verify el  | ligibility   |   |  |   |   |  |               |    |
| * How many members  | are currently in your SI  | NAP, Medica  | aid, or KTAP Ca  | se Number (i)   |  |   |   |  |               |    |
| hourschold?   | , ,   | ,  | ,  |   |  |   |   |  |               |    |
|   |   |  |  |   |  |   |   |  |               |    |
| 2   |   |  |  |   | 23   |   |   |  |               |    |
| 2   |   |  |  |   | 23   |   |   |  |               |    |
| Enter the name of eachas income from a job  | n household member who has  | ; income and<br><b>1e (before t</b> a  | the income ar  | mount for each t  | 23<br>type in whole<br>e Individual re   | dollars (no cents)<br>ceives for each pa  | only. If an indiv<br>v frequency (W   | vidual<br>/eeklv.  |               |    |
| Enter the name of eac<br>has income from a job<br>Bi-Weekly, Monthly, e   | n household member who has<br>, enter their <b>total gross incom</b><br>c.) in the first column. Enter th   | ; income and<br>ne (before ta<br>ie net amoui  | the income ar<br>axes and dedu<br>nt of income   | mount for each t<br><b>uctions)</b> that the<br>and frequency c   | 23<br>type in whole<br>e Individual re<br>of pay for each  | dollars (no cents)<br>ceives for each pa<br>self-employed in  | only. If an indiv<br>y frequency (W<br>dividual. Enter  | /idual<br>/eekly,<br>the   |               |    |
| Enter the name of each<br>has income from a job<br>Bi-Weekly, Monthly, e<br>total gross amount of<br>the total gross amount of  | h household member who has<br>, enter their <b>total gross incom</b><br>:c.) in the first column. Enter th<br>f child support, alimony or cas<br><b>it</b> of Social Security benefits .)   | income and<br>ne (before ta<br>ne net amoun<br>h assistance<br>/A benefits F   | I the income ar<br>axes and dedu<br>nt of income<br>each individua<br>dension incom  | mount for each t<br>uctions) that the<br>and frequency c<br>al receives and th<br>e or any other to   | 23<br>type in whole<br>e Individual re<br>of pay for each<br>he frequency  | dollars (no cents)<br>ceives for each pa<br>self-employed in<br>t is received in the  | only. If an indiv<br>y frequency (W<br>dividual. Enter<br>e second colum<br>vives and the p   | /idual<br>/eekly,<br>the<br>in. Enter  |               |    |
| Enter the name of each<br>has income from a job<br>Bi-Weekly, Monthly, e<br>total gross amount of<br>the total gross amount<br>frequency in the 3rd co  | h household member who has<br>, enter their <b>total gross incon</b><br>:c.) in the first column. Enter th<br>f child support, alimony or cas<br><b>1t</b> of Social Security benefits, V<br>lumn. If a household member  | ; income and<br><b>ne (before t</b> a<br>le <b>net amou</b><br>:h assistance<br>/A benefits, P<br>does not rec                   | I the income ar<br>axes and dedu<br>nt of income<br>each individua<br>Pension income<br>reive income fr  | mount for each i<br><b>uctions)</b> that the<br>and frequency c<br>al receives and tl<br>e or any other ty<br>rom any source,   | 23<br>type in whole<br>e Individual re<br>of pay for each<br>he frequency<br>ype of income<br>enter '0' for e                    | dollars (no cents)<br>ceives for each pa<br>self-employed in<br>t is received in the<br>an individual rece<br>ach type. If you er   | only. If an indiv<br>y frequency (W<br>dividual. Enter<br>e second colum<br>ives and the p.<br>iter '0', leave ar   | vidual<br>/eekly,<br>the<br>nn. Enter<br>ay<br>ny fields                           |               |    |
| Enter the name of each<br>has income from a job<br>Bi-Weekly, Monthly, e<br>total gross amount of<br>the total gross amount<br>frequency in the 3 <sup>rd</sup> co<br>blank, or do not add a  | h household member who has<br>, enter their <b>total gross incon</b><br>;c.) in the first column. Enter th<br>f child support, alimony or cas<br><b>nt</b> of Social Security benefits, V<br>lumn. If a household member<br>record for any Household Me                                   | ; income and<br><b>ne (before t</b> a<br>le <b>net amou</b> i<br>:h assistance<br>/A benefits, F<br>does not rec<br>mber, you ar | I the income ar<br>axes and dedu<br>nt of income<br>each individua<br>Pension income<br>reive income fr<br>re certifying (p                    | mount for each t<br>uctions) that the<br>and frequency c<br>al receives and t<br>e or any other ty<br>rom any source,<br>romising) that th  | 23<br>type in whole<br>e Individual re<br>of pay for each<br>he frequency<br>ype of income<br>enter '0' for e<br>here is no inco | dollars (no cents)<br>ceives for each pa<br>self-employed in<br>t is received in the<br>an individual rece<br>ach type. If you er<br>me to report.                                      | only. If an indiv<br>y frequency (W<br>dividual. Enter<br>s econd colum<br>ives and the p<br>ter '0', leave an  | vidual<br>/eekly,<br>the<br>In. Enter<br>ay<br>ny fields                           |               |    |
| Enter the name of eachas income from a job<br>Bi-Weekly, Monthly, e<br>total gross amount of<br>the total gross amount<br>frequency in the 3 <sup>rd</sup> oc<br>blank, or do not add a   | h household member who has<br>a, enter their <b>total gross incon</b><br>ic.) in the first column. Enter th<br>f child support, alimony or cas<br><b>nt</b> of Social Security benefits, V<br>lumn. If a household member<br>record for any Household Me                                  | income and<br>ne (before ta<br>ne net amou<br>hassistance<br>/A benefits, P<br>does not rec<br>mber, you ar                      | I the income an<br>axes and dedu<br>nt of income<br>each individua<br>Pension income<br>reive income fr<br>re certifying (p                    | mount for each t<br><b>uctions)</b> that the<br>and frequency c<br>al receives and tl<br>e or any other ty<br>rom any source,<br>romising) that th                                | type in whole<br>e Individual re<br>of pay for each<br>he frequency<br>ype of income<br>enter '0' for e<br>here is no inco       | dollars (no cents)<br>ceives for each pa<br>self-employed in<br>t is received in the<br>an individual rece<br>ach type. If you er<br>me to report.<br>*Pension                          | only. If an indiv<br>y frequency (W<br>dividual. Enter<br>e second colum<br>ives and the p<br>ter '0', leave an<br>s, Social Securit  | vidual<br>(eekly,<br>the<br>nn. Enter<br>ay<br>ny fields<br><b>y</b> ,             |               |    |
| Enter the name of eachas income from a job<br>Bi-Weekly, Monthly, e<br>total gross amount of<br>the total gross amount<br>frequency in the 3 <sup>rd</sup> oc<br>blank, or do not add a<br>*Household<br>Member   | h household member who has<br>, enter their <b>total gross incon</b><br>;c.) in the first column. Enter th<br>f child support, alimony or cas<br><b>nt</b> of Social Security benefits, V<br>lumn. If a household member<br>record for any Household Me<br><b>*Earnings From</b><br>Work  | ; income and<br>ne (before ta<br>le <b>net amou</b> i<br>sh assistance<br>/A benefits, F<br>does not rec<br>mber, you ar         | I the income ar<br>axes and dedu<br>nt of income<br>each individua<br>Pension income<br>re certifying (p<br>*Cash /<br>Supp                    | mount for each t<br>uctions) that the<br>and frequency c<br>al receives and tl<br>e or any other ty<br>rom any source,<br>romising) that tl<br>Assistance, Child<br>port, Alimony | type in whole<br>e Individual re<br>of pay for each<br>he frequency<br>ype of income<br>enter '0' for e<br>here is no inco       | dollars (no cents)<br>ceives for each pa<br>self-employed in<br>t is received in the<br>an individual rece<br>ach type. If you er<br>me to report.<br>*Pension<br>Retireme              | only. If an indiv<br>y frequency (W<br>dividual. Enter<br>second colurr<br>ives and the p<br>iter '0', leave ar<br>s, Social Securit<br>t, VA Benefits,   | vidual<br>/eekly,<br>the<br>n. Enter<br>ay<br>ny fields<br><b>Y,</b><br><b>all</b> |               |    |
| Enter the name of eachas income from a job<br>Bi-Weekly, Monthly, e<br>total gross amount of<br>the total gross amount of the total gross amount of<br>the total gross amount of the total gross amount of<br>the total gross amount of the total gross amount of<br>the total gross amount of the total gross amount of<br>the total gross amount of the total gross amount of the total gross amount of<br>the total gross amount of the total gross amount of the total gross amount of the total | h household member who has<br>a, enter their <b>total gross incon</b><br>ic.) in the first column. Enter th<br>f child support, alimony or cas<br><b>nt</b> of Social Security benefits, V<br>lumn. If a household member<br>record for any Household Me<br><b>*Earnings From</b><br>Work | s income and<br><b>ne (before t</b> a<br>ne <b>net amou</b> i<br>sh assistance<br>vA benefits, F<br>does not rec<br>mber, you ar | I the income an<br>axes and dedu<br>nt of income<br>each individua<br>Pension incoma<br>ceive income fr<br>re certifying (p<br>*Cash /<br>Supp | mount for each t<br>uctions) that the<br>and frequency c<br>al receives and tl<br>e or any other ty<br>rom any source,<br>romising) that th<br>Assistance, Child<br>port, Alimony | type in whole<br>e Individual re<br>of pay for each<br>he frequency<br>ype of income<br>enter '0' for e<br>here is no inco       | dollars (no cents)<br>ceives for each pa<br>self-employed in<br>t is received in the<br>an individual rece<br>ach type. If you er<br>me to report.<br>*Pension<br>Retiremen<br>other fe | only. If an indiv<br>y frequency (W<br>dividual. Enter<br>e second colum<br>ives and the p-<br>iter '0', leave an<br>ter '0', leave an<br>s, Social Securit<br>nt, VA Benefits,<br>prms of Income | vidual<br>(eekly,<br>the<br>n. Enter<br>ay<br>ny fields<br><b>y,</b><br><b>all</b> |               |    |

- 27. In the Absence Information section, use the checkboxes to select the months in which the student missed virtual learning for at least one day in the month due to a COVID-19 related reason. For each selected month, students will be issued 20 days worth of reimbursement, or \$163.60, if approved. If May is selected and the child is approved, they will be issued 9 days of reimbursement for that month because the federal government authorized that P-EBT assistance is only provided through the end of the Public Health Emergency, or May 11<sup>th</sup>, 2023. For May 2023, the prorated amount issued is \$73.62. At least one month must be checked in order for the application's eligibility to be evaluated for a P-EBT reimbursement.
- 28. When all correct months are selected, click **Next** to go to the **Review** screen.

| onth.         |       | it due to the GOVID-19 pandemic. System v | nii automaticany request the maximum allowable | School Denenic days for Each Selected |
|---------------|-------|---|--|---------------------------------------|
| eptember 2022 | 20 27 | February 2023                             |  |                                       |
| ctober 2022   |       | March 2023                                |  |                                       |
| ovember 2022  |       | April 2023                                |  |                                       |
| ecember 2022  | 20    | May 2023                                  | 9  |                                       |
| nuary 2023    |       |   |  | 28                                    |
|               |       |   |  | Back Next                             |
|               |       |   |  |                                       |
|               |       |   |  |                                       |
|               |       |   |  |                                       |

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- 29. Review the information displayed on the **Review** screen for accuracy. If any information is incorrect, click the **Back** button to edit the applicable details.

| Firs                 | it Name  | JOHNNY  | Student Status  |   | N/A  |  |    |
|----------------------|--|---|---|---|--|--|----|
| M.I                  |  |   | School Type   |   | Homeschool   |  |    |
| Las                  | t Name   | DOE   | School District   |   | Adair County   |  |    |
| Suf                  | fix  |   | School Name   |   | Other - School N   | ame  |    |
| SSN                  | N  | 409-98-7654   | Was the student<br>on or after Janu   | enrolled in homescho<br>ary 27, 2020?   | ol YES   |  |    |
| Dat                  | te of Birth  | 01/01/2013  | Was the student<br>due to the COVI  | enrolled in homescho<br>D-19 pandemic?  | ol YES   |  |    |
| Sta                  | tewide Student ID (SSID)   |   | When was the st<br>homeschool?  | tudent enrolled in  | 01/01/2021   |  |    |
| Ema                  | ail Address  | Test@gmail.com  |   |   |  |  |    |
| Cell                 | l Phone Number   | 502-123-4567  |   |   |  |  |    |
| Add                  | dress Line 1   | 123 Test Lane   | Absence Days :  |   |  |  |    |
| Add                  | dress Line 2   |   | September 2022  | 20  | October 2022   | 00   |    |
| City                 |  | Louisville  | November 2022   | 20  | December 2022  | 00   |    |
| Stat                 | te   | KY  | January 2023  | 00  | February 2023  | 00   |    |
| Col                  | inty   | IFFFFRSON   | March 2023  | 00  | April 2023   | 20   |    |
| 71-                  | Code   | 40220   | May 2022  | 00  |  |  |    |
| Hor<br>cum<br>hou    | w many members are<br>rently in your<br>isehold?<br>ousehold Earnin  | 3<br>gs From Cash A   | SNAP, Medicaid,<br>Case Number  | or KTAP   | ocial Security, Retiremen  | nt, VA Benefits, all other form  | 15 |
| ٩                    | Member W   | ork   | Alimony   |   | of Incon   | ne   |    |
| JO                   | OHN DOE  | 50  | \$400.00 Monthly  |   | \$0  |  |    |
| E-Sign &             | C Submit<br>ture<br>(promise) that all informat<br>person for a school-appro<br>d that school officials may<br>and I may be prosecuted in<br>direction | tion on this application<br>oved COVID-related rear<br>verify (check) the infor<br>under applicable State à | is true and that the da<br>son. I understand that<br>mation. I am aware tha<br>nd Federal laws, By ch | ates specified in my app<br>this information is give<br>at if I purposely give fais<br>tecking this you consent | lication are days that n<br>n in connection with th<br>se information, my chil<br>to be electronically n | ny child did not attend<br>he receipt of Federal<br>dren may lose meal<br>otified regarding your |    |
| I under<br>if change | stand that the information<br>is need to be reported for   | provided by me for this<br>other benefits my house  | s P-EBT application wil<br>ehold receives, I would  | ll not be used for other i<br>d need to login to kyned  | benefit assistance proç<br>t.gov or call DCBS at 1   | grams. I am aware that<br>-855-306-8959.   |    |
| * First Name         | 22   | MJ  | 1   | Last Name   | Suffix   |  |    |
|                      |  |   |   |   |  | ~  |    |
|                      | er captcha.  |   |   |   |  |  |    |
| * Please ent         | not a robot  | CAPTCHA<br>reacy - Tema   |   |   |  |  |    |
| * Please ent         |  |   |   |   |  |  |    |

30. After confirming all of the details on the **Review** screen, select the **first checkbox** of the *Sign and Submit* section if the Individual confirms that all of the information provided has been provided truthfully, and that if information has been falsified, the Individual may be prosecuted under state and federal laws.

- 31. Select the **second checkbox** to confirm that the Individual understands this P-EBT application will not be used for any other benefit assistance programs, and that if changes need to be reported on other benefits the household receives, the Individual must login to kynect or call DCBS to report those changes.
- 32. Enter the **First Name**, **M.I.** (if applicable), **Last Name**, and **Suffix** (if applicable) of the Individual signing the application.
- 33. Select the I am not a robot reCAPTCHA checkbox and follow the directions provided.
- 34. Once this has been completed, click **Submit**. This displays the **Pandemic EBT Eligibility** screen.

|    | Sign & Submit  |   |  |                               |
|----|--|---|--|-------------------------------|
|    | E-Signature  |   |  |                               |
| 30 | I certify (promise) that all information on this application<br>school in person for a school-approved COVID-related rea<br>funds, and that school officials may verify (check) the infor<br>benefits, and I may be prosecuted under applicable State of<br>P-EBT application. | i is true and that the dates specified in my appli<br>ison. I understand that this information is given<br>rmation. I am aware that if I purposely give false<br>and Federal laws. By checking this you consent | ication are days that my child did not a<br>n in connection with the receipt of Fede<br>e information, my children may lose m<br>to be electronically notified regarding | ittend<br>iral<br>eal<br>your |
| 31 | I understand that the information provided by me for the if changes need to be reported for other benefits my hous   | is P-EBT application will not be used for other b<br>sehold receives, I would need to login to kynect   | penefit assistance programs. I am awar<br>t.gov or call DCBS at 1-855-306-8959.  | e that                        |
| 32 | * First Name M.I   | * Last Name   | Suffix   |                               |
| 52 |  |   |  |                               |
|    | * Please enter captcha.  |   |  |                               |
| 33 | I'm not a robot  |   |  |                               |
|    |  |   | Back   | Submit 34                     |

- 35. The **Pandemic EBT Eligibility** screen is where the results of the application are displayed. This screen is also where Individuals must upload the supporting documents requested.
- 36. The top table on the screen shows the application results. If the household must provide supporting documents based on the information entered before a full determination can be made on the child's application, "Pending for Document Upload" is displayed in the **Result** column.

| ACTION REQUIRED! Based on your appli<br>acceptable documents are listed in the<br>of the required verification now as you<br>required verification. | cation responses, we need document<br>a Document Upload section below. Cli<br>will not be able to access this screen        | ation to determine your student's Pan<br>ick 'upload' to attach verification for ea<br>again once you leave this webpage. Y | demic-EBT eligibility. The required verification and types of<br>sch member listed. It is VERY IMPORTANT that you upload al<br>our application may be denied if you fail to upload ALL |
|---|---|---|--|
| Please take note of your application ID<br>elow is a summary of your eligibility resul  | You will need this number if you have<br>ts. These results are based on the info<br>ication will be sent to the email addre | t any questions about your Pandemic-<br>rmation you provided. Each and every<br>ss you gave us. Please monitor your er      | EET application.<br>student's situation is different.<br>nail inbox for updates from 'this' email address.   |
| Student   | Application ID  | Rosult  | Reason   |
| JOHN DOE  | 100044  | Pending for Document Upload   | Supporting documents required for Income   |

37. If supporting documents do not need to be provided but the application is still waiting on the determination of a P-EBT reviewer, "Pending" is displayed in the **Result** column.

| Pandemic EBT Eligibility   |   |  |   |
|--|---|--|---|
| Please take note of your application ID. You<br>Below is a summary of your eligibility results. Th | will need this number if you have ar<br>ese results are based on the inform | ny questions about your Pandemic-EB<br>ation you provided. Each and every st | IT application.<br>tudent's situation is different. |
| Updates regarding the status of your application   | on will be sent to the email address  | you gave us. Please monitor your emo   | ail inbox for updates from 'this' email address.    |
| Student  | Application ID  | Result   | Reason  |
| JOHNNY DPE   | 100045  | Pending  | N/A   |

38. If "Denied" is displayed in the **Result** column, then the child has been Denied for the requested P-EBT reimbursement. A denial reason is also displayed in the **Reason** column when an application is automatically Denied. 39. When "Pending for Document Upload" is displayed in the *Result* column, an additional *Document Upload* section is displayed on the **Pandemic EBT Eligibility** screen to capture the necessary supporting documents.

- 40. The **Member** column displays the Individual for which verification is required. The **Required Verification** column displays the necessary verification that must be provided before the P-EBT application can be reviewed for approval or denial. The **Acceptable Documents** column provides examples of what can be provided as the required verification.
- 41. For each Individual displayed in the **Member** column that has a red dot to the left of their name, click the **Add** button in the **Document** column. This displays the **Document Upload** pop-up.

| Pandem  | nic EBT Eligibili  | ty  |  |  |
|---|--|---|--|--|
| ACTION REQU<br>acceptable of<br>of the require<br>required vori | IREDI Based on your applic<br>documents are listed in the<br>ed verification now as you<br>floation. | cation responses, we need documental<br>s Document Upload section below. Clic<br>will not be able to access this screen a | tion to determine your student's Pand<br>k 'upload' to attach verification for eas<br>gain once you leave this webpage. Yo   | emic-EBT eligibility. The required verification and types of<br>ch member listed. It is VERY IMPORTANT that you upload all<br>ur application may be denied if you fail to upload ALL |
| Please take n   | note of your application ID.   | You will need this number if you have a   | any questions about your Pandemic-E  | BT application.  |
| Below is a summ   | nary of your eligibility resul   | ts. These results are based on the inform   | mation you provided. Each and every :  | student's situation is different.  |
| Updates regardi   | ing the status of your appl  | ication will be sent to the email address   | s you gave us. Please monitor your em  | ail inbox for updates from 'this' email address.   |
|   | Student  | Application ID  | Result   | Reason   |
|   | JOHN DOE   | 100044  | Pending for Document Upload  | Supporting documents required for Income<br>Verification   |
| Please upload th<br>click 'Submit' one                          | the required supporting doo  | cuments as shown below. Your applicate  | tion will NOT be considered as comple  | te unless you provide all the required documents. Please   |
|   | Mombor   | Required vertication  | Acceptable Documents   | Document   |
| •   | JOHINNY DOE  | Income Verification – Earnings<br>from Work   | Most recent 2 pay stubs; OR<br>employment contract: OR written<br>statement from employer (must<br>state pay rate, average hours<br>worked per pay period, and pay<br>frequency and be sigmed/dated by<br>employer); AND Tip Log (f<br>applicable) Solf-employed:<br>personal records; Schedule C of<br>tax return | <b>1</b> Add 41 40   |
|   |  |   |  | Submit   |

- 42. In the **Document Upload** pop-up, the **Document Type** drop-down displays values based on the required verification needed for that Individual. Select the **Document Type** that is being provided.
- 43. Individuals must use the **Choose File** button to select the document type that is being provided from their local files. Once a document is selected, they display to the right of the **Choose File** button.

**Please Note:** Files uploaded must not be password protected and must be less than 4 MB. Only .PDF, .JPEG, .JPG and .PNG file types are allowed for upload. If the Resident has more than one document to upload, they should consider merging them into one document before uploading. Also, if Written Statement or Collateral Contact are provided as verification, they must be dated and signed with a name and phone number. Collateral Contact must be someone outside of the household that is familiar with the household's situation.

- 44. If necessary, provide a **Description** of what is being provided.
- 45. Once these fields are completed, click **Upload**.

| Document U   | Jpload  | *=Required field    |
|--|---|---------------------|
| <ul> <li>File mus</li> <li>Only .PD</li> <li>have monotonic</li> <li>them interpretation</li> <li>Please underpretation</li> </ul> | It not be password protected and must be less than<br>F, JPEG, JPG and .PNG files are allowed for upload. If<br>ore than one document to upload, consider mergin<br>to one document before uploading.<br>upload only one version of supporting document pe<br>d verification. | n 4 MB.<br>you<br>g |
| Please select appr   | ropriate type of supporting document for upload.  |                     |
| <b>Member</b><br>JOHN DOE  | <b>Required Documentation</b><br>Income Verification – Earnings from Wo   | rk                  |
| Document Type *  | <ul><li>✓</li><li>42</li></ul>  |                     |
| Description  | 3   |                     |
|  | 44  |                     |
| 1 Upload Cancel  |   |                     |

46. If the file is uploaded successfully, a green dot displays to the left of the Member's name. Repeat these steps for each Required Verification listed, until a green dot is next to each Member's name in the *Document Upload* section.

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47. When all verification are displaying with a green dot, click **Submit** to complete the P-EBT application.

|   | IC EBT Eligibil  | ity   |  |  |   |
|---|--|---|--|--|---|
| ACTION REQU<br>acceptable of<br>of the require<br>required veri | IREDI Based on your appli<br>documents are listed in th<br>ad verification now as you<br>fication. | cation responses, we need documenta<br>to Document Upload section below. Clic<br>will not be able to access this screen a | tion to determine your student's Pande<br>k 'upload' to attach verification for eac<br>gain once you leave this webpage. You | mic-EBT eligibility. The required ve<br>h momber listed. It is VERY MPCR7.<br>ir application may be denied if yo | rification and type<br>ANT that you uploa<br>u fail to upload ALL |
| Please take n   | note of your application ID  | . You will need this number if you have (   | any questions about your Pandemic-EB   | T application.   |   |
| low is a summ   | nary of your eligibility resu  | Its. These results are based on the infor   | mation you provided. Each and every s  | tudent's situation is different.   |   |
| odates regardi  | ing the status of your app   | lication will be sent to the email addres   | s you gave us. Please monitor your emo   | ail inbox for updates from 'this' em   | ail address.  |
|   | Student  | Application ID  | Result   | Reason   |   |
|   | JOHN DOE   | 100044  | Pending for Document Upload  | Supporting documents require<br>Verification   | d for Income  |
|   | lodd   |   |  |  |   |
| ase upload th<br>% 'Submit' onc                                 | ne required supporting do<br>ce all documents have be<br>Momber                                    | cuments as shown below. Your applica<br>ien uploaded.<br>Required Verfication   | tion will NOT be considered as complet<br>Acceptable Documents   | e unless you provide all the requin<br>Document  | ed documents. Ple   |

# **Acceptable Income Verifications & Income Limits**

The table below displays what documents are acceptable forms of verification for each of the possible required verifications:

| Required Verification  | Acceptable Documents (available for selection on Document Upload screen)   |
|--|--|
| Identity Verification  | Birth certificate, Familial Records, Social Security<br>Card, Written Statement, Collateral Contact.                       |
| Income Verification –<br>Earnings from Work  | Pay Stub(s), Employment Contract, Written Statement<br>from Employer, Tip Log, Personal Records, Tax<br>Forms – Schedule C |
| Income Verification – Public<br>Assistance, Child Support,<br>Alimony Earnings                   | Award Letter, Court Order, Written Statement,<br>Collateral Contact  |
| Income Verification –<br>Pensions, Social Security, VA<br>Benefits, all other forms of<br>income | Award letter, Written Statement  |
| Income Verification – No<br>Income Verification  | Written Statement, Collateral Contact  |

The table below displays the income limits per household size for the SY 22-23 P-EBT reimbursement:

| Household Size         | Monthly Gross Income Limit |
|------------------------|----------------------------|
| 1                      | 2,096                      |
| 2                      | 2,823                      |
| 3                      | 3,551                      |
| 4                      | 4,279                      |
| 5                      | 5,006                      |
| 6                      | 5,734                      |
| 7                      | 6,462                      |
| 8                      | 7,189                      |
| Each additional member | +728                       |