


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



**Integrated Eligibility and
Enrollment System**

Document Control Information

Document Information

| | |
|-------------------------|--|
| Document Name | SY 22-23 Pandemic Electronic Benefits Transfer (P-EBT) QRG |
| Project Name | Kentucky Health Benefit Exchange |
| Client | Kentucky Cabinet for Health and Family Services |
| Document Author | Deloitte Consulting |
| Document Version | 2.0 |
| Date Released | 8/25/2023 |

Document Edit History

| Version | Date | Additions/Modifications | Prepared/Revised by |
|---------|-----------|---|---------------------|
| 1.0 | 7/28/2023 | Initial | Deloitte Consulting |
| 2.0 | 8/25/2023 | Addition of Virtual and Homeschool 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.

Table of Contents

| | |
|---|----|
| Introduction | 4 |
| Completing a P-EBT Application – In-Person Attendance..... | 5 |
| Steps to Completing a P-EBT Application for In-Person Attendance..... | 6 |
| Completing an Application – Virtual Attendance..... | 13 |
| Steps to Complete a P-EBT Application for Virtual Attendance | 13 |
| Completing an Application – Homeschool Attendance | 27 |
| Steps to Complete a P-EBT Application for Homeschool Attendance | 27 |
| Acceptable Income Verifications & Income Limits | 41 |

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 1st, 2022 - May 11th, 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. [Click Here](#) 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.

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 <https://kypebt.ky.gov>, 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.

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 (MMDDYYYY) 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).
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.

Applicant Information

*=Required field

Please enter all your required information below for the Pandemic-EBT Application

Student Information

2

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| * First Name | M.I. | * Last Name | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3

| | | | | |
|--|--|---|----------------------|----------------------|
| SSN | 4 | Confirm SSN | 5 | * Date of Birth |
| <input type="text" value="<XXX-XX-XXXX>"/> | <input type="text" value="<XXX-XX-XXXX>"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text"/> |

6

| | | | | |
|-------------------------------|----------------------|----------------------|----------------------|-------------------------|
| Statewide Student ID (SSID) ⓘ | 7 | * Email Address ⓘ | 8 | * Confirm Email Address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

9

| | | |
|---|---|---------------------------|
| Cell Phone Number | 10 | Confirm Cell Phone Number |
| <input type="text" value="###-###-####"/> | <input type="text" value="###-###-####"/> | <input type="text"/> |

Can the student be identified as one of the following? (select all that apply)

| | | | | |
|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|----|
| <input type="checkbox"/> Foster Child | <input type="checkbox"/> Migrant | <input type="checkbox"/> Runaway | <input type="checkbox"/> Homeless | 11 |
|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|----|

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 Information

* Address Line 1

Address Line 2

* City * State * Zip Code Zip - 4 * County

▼

▼

12

13

14

15

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 Information

* School Type * School District * School Name

▼

▼

▼

17

18

19

20. In the *Absence Information* section, for each month the child had absences due to a COVID-19 related reason between September 1st, 2022 and May 11th, 2023, enter the number of days the child was absent from school attendance. The child receives \$8.18 for each day entered, if approved.
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 COVID

| | | | |
|-----------|----------------------|----------|----------------------|
| September | <input type="text"/> | February | <input type="text"/> |
| October | <input type="text"/> | March | <input type="text"/> |
| November | <input type="text"/> | April | <input type="text"/> |
| December | <input type="text"/> | May | <input type="text"/> |
| January | <input type="text"/> | | |

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.

Review

| | | | |
|----------------|---------------|-----------------|-----------|
| First Name | PETUNIA | School Type | In Person |
| MI | | School District | District1 |
| Last Name | JONES | School Name | School |
| SSN | | | |
| Date of Birth | 1/3/2010 | | |
| Address Line 1 | 456 Market St | | |
| Address Line 2 | | Absence Days : | |
| City | Louisville | September | 05 |
| State | KY | October | 05 |
| Zip Code | 40210 | November | 05 |
| County | JEFFERSON | December | 05 |
| | | January | 05 |
| | | February | 05 |
| | | 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. 23

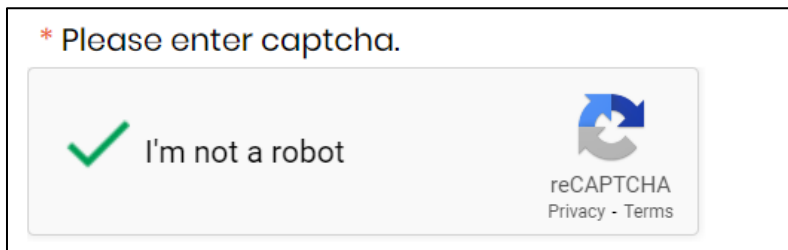
* First Name MI * Last Name Suffix

24

* Please enter captcha.

I'm not a robot 25

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.



28. Click **Submit**.

Sign & Submit

E-Signature

* By entering my name below, I am electronically signing my application.

* First Name MI * Last Name Suffix

* Please enter captcha.

✓ I'm not a robot

reCAPTCHA
Privacy - Terms

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 Pandemic-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.

You will receive status updates regarding your application at the email provided during the application, so please refer to email inbox for any updates regarding application status.

| Students | Application ID | Results |
|----------|----------------|---------|
| John Doe | 100085 | 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 <https://kypebt.ky.gov/>, 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:
 - Earnings from work
 - Public Assistance, Child Support, Alimony Earnings
 - 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 (MMDDYYYY) 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).
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.

Applicant Information

*=Required field

Please enter all your required information below for the Pandemic-EBT Application

Student Information

2

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| * First Name | M.I. | * Last Name | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3

SSN

4

Confirm SSN

5

* Date of Birth

6

Statewide Student ID (SSID) ⓘ

7

* Email Address ⓘ

8

* Confirm Email Address

9

Cell Phone Number

10

Confirm Cell Phone Number

Can the student be identified as one of the following? (select all that apply)

Foster Child
 Migrant
 Runaway
 Homeless

11

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 Information

* 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 **Virtual** in the **School Type** field.
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 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.

School Information

Please enter information for the school which student was absent from

17 * School Type

Virtual

18 * School District

19 * School Name

School Name (if Other) 20

* Was the student enrolled in virtual learning on or after January 27, 2020?

* Was the student enrolled in virtual learning due to the COVID-19 pandemic?

* When was the student enrolled in virtual learning?

mm/dd/yyyy

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.
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:
- Earnings from Work
 - Cash Assistance, Child Support, Alimony Earnings
 - 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**.

Income Information

Please enter information regarding your Household Income to verify eligibility

* How many members are currently in your household? (i) SNAP, Medicaid, or KTAP Case Number (i)

22 23

Enter the name of each household member who has income and the income amount for each type in whole dollars (no cents) only. If an individual has income from a job, 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. Enter the **net amount of income** and frequency of pay for each self-employed individual. Enter the **total gross amount** of child support, alimony or cash assistance each individual receives and the frequency it is received in the second column. Enter the **total gross amount** of Social Security benefits, VA benefits, Pension income or any other type of income an individual receives and the pay frequency in the 3rd column. If a household member does not receive income from any source, enter '0' for each type. If you enter '0', leave any fields blank, or do not add a record for any Household Member, you are certifying (promising) that there is no income to report.

*Household Member

*Earnings From Work

*Cash Assistance, Child Support, Alimony

*Pensions, Social Security, Retirement, VA Benefits, all other forms of Income

\$ \$ \$ X 26

+Add Member 25

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 11th, 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.

Absence Information

Please use the checkboxes to select the months in which student was absent due to the COVID-19 pandemic. System will automatically request the maximum allowable school benefit days for each selected month.

| | | | | |
|----------------|---|----|---------------|--|
| September 2022 | <input type="text" value="20"/> <input checked="" type="checkbox"/> | 27 | February 2023 | <input type="text"/> <input type="checkbox"/> |
| October 2022 | <input type="text"/> <input type="checkbox"/> | | March 2023 | <input type="text"/> <input type="checkbox"/> |
| November 2022 | <input type="text"/> <input type="checkbox"/> | | April 2023 | <input type="text"/> <input type="checkbox"/> |
| December 2022 | <input type="text" value="20"/> <input checked="" type="checkbox"/> | | May 2023 | <input type="text" value="9"/> <input checked="" type="checkbox"/> |
| January 2023 | <input type="text"/> <input type="checkbox"/> | | | |

28

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.

* = Required field

Review

| | | | |
|------------------------------------|-------------------|---|----------------------------|
| First Name | JOHN | Student Status | N/A |
| M.I | | School Type | Virtual |
| Last Name | DOE | School District | Adair County |
| Suffix | | School Name | Other - School Name |
| SSN | 407-12-3456 | Was the student enrolled in virtual learning on or after January 27, 2020? | YES |
| Date of Birth | 01/01/2012 | Was the student enrolled in virtual learning due to the COVID-19 pandemic? | YES |
| Statewide Student ID (SSID) | 1234567890 | When was the student enrolled in virtual learning? | 01/01/2022 |
| Email Address | Hey@gmail.com | | |
| Cell Phone Number | 502-123-4567 | | |
| Address Line 1 | 123 ahabs0 iadjdn | Absence Days : | |
| Address Line 2 | | September 2022 | 20 October 2022 00 |
| City | Shelbyville | November 2022 | 00 December 2022 00 |
| State | KY | January 2023 | 00 February 2023 00 |
| County | SHELBY | March 2023 | 00 April 2023 00 |
| Zip Code | 40065 | May 2023 | 00 |

Income Information

How many members are currently in your household? 2 **SNAP, Medicaid, or KTAP Case Number**

| Household Member | Earnings From Work | Cash Assistance, Child Support, Alimony | Pensions, Social Security, Retirement, VA Benefits, all other forms of Income |
|------------------|--------------------|---|---|
| JOHNNY DOE | \$200.00 Weekly | \$0 | \$0 |

Sign & Submit

E-Signature

* 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 school in person for a school-approved COVID-related reason. I understand that this information is given in connection with the receipt of Federal 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 benefits, and I may be prosecuted under applicable State and Federal laws. By checking this you consent to be electronically notified regarding your P-EBT application.

* 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 kyconnect.gov or call DCBS at 1-855-306-8959.

* First Name M.I * Last Name Suffix

* Please enter captcha.

I'm not a robot

Back
Submit

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 school in person for a school-approved COVID-related reason. I understand that this information is given in connection with the receipt of Federal 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 benefits, and I may be prosecuted under applicable State and Federal laws. By checking this you consent to be electronically notified regarding your 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

* Please enter captcha.

33 I'm not a robot

 reCAPTCHA
Privacy - Terms

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.

Pandemic EBT Eligibility

ACTION REQUIRED! Based on your application responses, we need documentation to determine your student's Pandemic-EBT eligibility. The required verification and types of acceptable documents are listed in the Document Upload section below. Click 'upload' to attach verification for each member listed. It is VERY IMPORTANT that you upload all of the required verification now as you will not be able to access this screen again once you leave this webpage. Your application may be denied if you fail to upload ALL required verification.

Please take note of your application ID. You will need this number if you have any questions about your Pandemic-EBT application.

Below is a summary of your eligibility results. These results are based on the information you provided. Each and every student's situation is different.

Updates regarding the status of your application will be sent to the email address you gave us. Please monitor your email inbox for updates from 'this' email address.

| Student | Application ID | Result | Reason |
|----------|----------------|-----------------------------|---|
| JOHN DOE | 100044 | Pending for Document Upload | Supporting documents required for Income Verification |

- 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 will need this number if you have any questions about your Pandemic-EBT application.

Below is a summary of your eligibility results. These results are based on the information you provided. Each and every student's situation is different.

Updates regarding the status of your application will be sent to the email address you gave us. Please monitor your email 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.

Pandemic EBT Eligibility

ACTION REQUIRED! Based on your application responses, we need documentation to determine your student's Pandemic-EBT eligibility. The required verification and types of acceptable documents are listed in the Document Upload section below. Click 'upload' to attach verification for each member listed. It is VERY IMPORTANT that you upload all of the required verification now as you will not be able to access this screen again once you leave this webpage. Your application may be denied if you fail to upload ALL required verification.

Please take note of your application ID. You will need this number if you have any questions about your Pandemic-EBT application.

Below is a summary of your eligibility results. These results are based on the information you provided. Each and every student's situation is different.

Updates regarding the status of your application will be sent to the email address you gave us. Please monitor your email inbox for updates from 'this' email address.

| Student | Application ID | Result | Reason |
|----------|----------------|-----------------------------|---|
| JOHN DOE | 100044 | Pending for Document Upload | Supporting documents required for Income Verification |

Document Upload

Please upload the required supporting documents as shown below. Your application will NOT be considered as complete unless you provide all the required documents. Please click 'Submit' once all documents have been uploaded.

| Member | Required Verification | Acceptable Documents | Document |
|-----------------|--|--|---|
| ● JOHNNY DOE | Income Verification – Earnings from Work | Most recent 2 pay stubs; OR employment contract; OR written statement from employer (must state pay rate, average hours worked per pay period, and pay frequency and be signed/dated by employer); AND Tip Log (if applicable) Self-employed: personal records; Schedule C of tax return | <div style="display: flex; align-items: center; justify-content: center;"> Add 41 </div> <div style="border: 1px solid black; padding: 2px 5px; margin-top: 5px; width: 20px; text-align: center;">40</div> |

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 Upload
**Required field

i File must not be password protected and must be less than 4 MB. Only .PDF, .JPEG, .JPG and .PNG files are allowed for upload. If you have more than one document to upload, consider merging them into one document before uploading. Please upload only one version of supporting document per required verification.

Please select appropriate type of supporting document for upload.

| | |
|---------------|--|
| Member | Required Documentation |
| JOHN DOE | Income Verification – Earnings from Work |

Document Type *

*** Choose File**

Description

45

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

Pandemic EBT Eligibility

ACTION REQUIRED! Based on your application responses, we need documentation to determine your student's Pandemic-EBT eligibility. The required verification and types of acceptable documents are listed in the Document Upload section below. Click 'upload' to attach verification for each member listed. It is VERY IMPORTANT that you upload all of the required verification now as you will not be able to access this screen again once you leave this webpage. Your application may be denied if you fail to upload ALL required verification.

Please take note of your application ID. You will need this number if you have any questions about your Pandemic-EBT application.

Below is a summary of your eligibility results. These results are based on the information you provided. Each and every student's situation is different.

Updates regarding the status of your application will be sent to the email address you gave us. Please monitor your email inbox for updates from 'this' email address.

| Student | Application ID | Result | Reason |
|----------|----------------|-----------------------------|---|
| JOHN DOE | 100044 | Pending for Document Upload | Supporting documents required for Income Verification |

Document Upload

Please upload the required supporting documents as shown below. Your application will NOT be considered as complete unless you provide all the required documents. Please click 'Submit' once all documents have been uploaded.

| Member | Required Verification | Acceptable Documents | Document |
|---|-----------------------|--|---|
| <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">46</div> </div> | JOHNNY DOE | Income Verification – Earnings from Work | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: small;"> Most recent 2 pay stubs; OR employment contract; OR written statement from employer (must state pay rate, average hours worked per pay period, and pay frequency and be signed/dated by employer); AND Tip Log (if applicable) Self-employed: personal records; Schedule C of tax return </div> <div style="text-align: right;"> Test.Doc.pdf </div> </div> <div style="text-align: right; margin-top: 5px;"> Add </div> |

47

Submit

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.

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 <https://kypebt.ky.gov/>, 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
 - Public Assistance, Child Support, Alimony Earnings
 - 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 (MMDDYYYY) 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).
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.

Applicant Information

*=Required field

Please enter all your required information below for the Pandemic-EBT Application

Student Information

2

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| * First Name | M.I. | * Last Name | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3

| | | | | |
|--|--|---|----------------------|----------------------|
| SSN | 4 | Confirm SSN | 5 | * Date of Birth |
| <input type="text" value="<XXX-XX-XXXX>"/> | <input type="text" value="<XXX-XX-XXXX>"/> | <input type="text" value="mm/dd/yyyy"/> | <input type="text"/> | <input type="text"/> |

6

| | | | | |
|-------------------------------|----------------------|----------------------|----------------------|-------------------------|
| Statewide Student ID (SSID) ⓘ | 7 | * Email Address ⓘ | 8 | * Confirm Email Address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

9

| | | |
|---|---|---------------------------|
| Cell Phone Number | 10 | Confirm Cell Phone Number |
| <input type="text" value="###-###-####"/> | <input type="text" value="###-###-####"/> | <input type="text"/> |

Can the student be identified as one of the following? (select all that apply)

| | | | | |
|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|----|
| <input type="checkbox"/> Foster Child | <input type="checkbox"/> Migrant | <input type="checkbox"/> Runaway | <input type="checkbox"/> Homeless | 11 |
|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|----|

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 Information

* 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

* Was the student enrolled in homeschool on or after January 27, 2020?

18

* Was the student enrolled in homeschool due to the COVID-19 pandemic?

19

* When was the student enrolled in homeschool?

20

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

21

* 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.
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:
- Earnings from Work
 - Cash Assistance, Child Support, Alimony Earnings
 - 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**.

Income Information

Please enter information regarding your Household Income to verify eligibility

* How many members are currently in your household? i SNAP, Medicaid, or KTAP Case Number i

22

23

Enter the name of each household member who has income and the income amount for each type in whole dollars (no cents) only. If an individual has income from a job, 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. Enter the **net amount of income** and frequency of pay for each self-employed individual. Enter the **total gross amount** of child support, alimony or cash assistance each individual receives and the frequency it is received in the second column. Enter the **total gross amount** of Social Security benefits, VA benefits, Pension income or any other type of income an individual receives and the pay frequency in the 3rd column. If a household member does not receive income from any source, enter '0' for each type. If you enter '0', leave any fields blank, or do not add a record for any Household Member, you are certifying (promising) that there is no income to report.

*Household Member

*Earnings From Work

*Cash Assistance, Child Support, Alimony

*Pensions, Social Security, Retirement, VA Benefits, all other forms of Income

| | | | | | | | | | | | | | |
|--|----|--|---|--|----|--|---|--|----|--|---|---|----|
| <input style="width: 90%;" type="text"/> | \$ | <input style="width: 90%;" type="text"/> | v | <input style="width: 90%;" type="text"/> | \$ | <input style="width: 90%;" type="text"/> | v | <input style="width: 90%;" type="text"/> | \$ | <input style="width: 90%;" type="text"/> | v | X | 26 |
|--|----|--|---|--|----|--|---|--|----|--|---|---|----|

+Add Member 25

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 11th, 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.

Absence Information

Please use the checkboxes to select the months in which student was absent due to the COVID-19 pandemic. System will automatically request the maximum allowable school benefit days for each selected month.

| | |
|--|---|
| <p>September 2022 <input style="width: 40px;" type="text" value="20"/> <input checked="" type="checkbox"/> 27</p> <p>October 2022 <input style="width: 40px;" type="text"/> <input type="checkbox"/></p> <p>November 2022 <input style="width: 40px;" type="text"/> <input type="checkbox"/></p> <p>December 2022 <input style="width: 40px;" type="text" value="20"/> <input checked="" type="checkbox"/></p> <p>January 2023 <input style="width: 40px;" type="text"/> <input type="checkbox"/></p> | <p>February 2023 <input style="width: 40px;" type="text"/> <input type="checkbox"/></p> <p>March 2023 <input style="width: 40px;" type="text"/> <input type="checkbox"/></p> <p>April 2023 <input style="width: 40px;" type="text"/> <input type="checkbox"/></p> <p>May 2023 <input style="width: 40px;" type="text" value="9"/> <input checked="" type="checkbox"/></p> |
|--|---|

28

Back
Next

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.

Review * = Required field

| | | | |
|------------------------------------|----------------|---|---------------------|
| First Name | JOHNNY | Student Status | N/A |
| M.I | | School Type | Homeschool |
| Last Name | DOE | School District | Adair County |
| Suffix | | School Name | Other - School Name |
| SSN | 409-98-7654 | Was the student enrolled in homeschool on or after January 27, 2020? | YES |
| Date of Birth | 01/01/2013 | Was the student enrolled in homeschool due to the COVID-19 pandemic? | YES |
| Statewide Student ID (SSID) | | When was the student enrolled in homeschool? | 01/01/2021 |
| Email Address | Test@gmail.com | | |
| Cell Phone Number | 502-123-4567 | | |
| Address Line 1 | 123 Test Lane | | |
| Address Line 2 | | | |
| City | Louisville | Absence Days : | |
| State | KY | September 2022 | 20 |
| County | JEFFERSON | October 2022 | 00 |
| Zip Code | 40229 | November 2022 | 20 |
| | | December 2022 | 00 |
| | | January 2023 | 00 |
| | | February 2023 | 00 |
| | | March 2023 | 00 |
| | | April 2023 | 20 |
| | | May 2023 | 09 |

Income Information

How many members are currently in your household? **SNAP, Medicaid, or KTAP Case Number**

| Household Member | Earnings From Work | Cash Assistance, Child Support, Alimony | Pensions, Social Security, Retirement, VA Benefits, all other forms of Income |
|------------------|--------------------|---|---|
| JOHN DOE | \$0 | \$400.00 Monthly | \$0 |
| JANE DOE | \$500.00 Bi-Weekly | \$0 | \$0 |

Sign & Submit

E-Signature

* 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 school in person for a school-approved COVID-related reason. I understand that this information is given in connection with the receipt of Federal 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 benefits, and I may be prosecuted under applicable State and Federal laws. By checking this you consent to be electronically notified regarding your P-EBT application.

* 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.

* First Name M.I * Last Name Suffix

* Please enter captcha.

I'm not a robot

Back
Submit

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 school in person for a school-approved COVID-related reason. I understand that this information is given in connection with the receipt of Federal 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 benefits, and I may be prosecuted under applicable State and Federal laws. By checking this you consent to be electronically notified regarding your 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 |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

* Please enter captcha.

33 I'm not a robot



reCAPTCHA
Privacy - Terms

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.

Pandemic EBT Eligibility

ACTION REQUIRED! Based on your application responses, we need documentation to determine your student's Pandemic-EBT eligibility. The required verification and types of acceptable documents are listed in the Document Upload section below. Click 'upload' to attach verification for each member listed. It is VERY IMPORTANT that you upload all of the required verification now as you will not be able to access this screen again once you leave this webpage. Your application may be denied if you fail to upload ALL required verification.

Please take note of your application ID. You will need this number if you have any questions about your Pandemic-EBT application.

Below is a summary of your eligibility results. These results are based on the information you provided. Each and every student's situation is different.

Updates regarding the status of your application will be sent to the email address you gave us. Please monitor your email inbox for updates from 'this' email address.

| Student | Application ID | Result | Reason |
|----------|----------------|-----------------------------|---|
| JOHN DOE | 100044 | Pending for Document Upload | Supporting documents required for Income Verification |

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 will need this number if you have any questions about your Pandemic-EBT application.

Below is a summary of your eligibility results. These results are based on the information you provided. Each and every student's situation is different.

Updates regarding the status of your application will be sent to the email address you gave us. Please monitor your email 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.

Pandemic EBT Eligibility

ACTION REQUIRED! Based on your application responses, we need documentation to determine your student's Pandemic-EBT eligibility. The required verification and types of acceptable documents are listed in the Document Upload section below. Click 'upload' to attach verification for each member listed. It is VERY IMPORTANT that you upload all of the required verification now as you will not be able to access this screen again once you leave this webpage. Your application may be denied if you fail to upload ALL required verification.

Please take note of your application ID. You will need this number if you have any questions about your Pandemic-EBT application.

Below is a summary of your eligibility results. These results are based on the information you provided. Each and every student's situation is different.

Updates regarding the status of your application will be sent to the email address you gave us. Please monitor your email inbox for updates from 'this' email address.

| Student | Application ID | Result | Reason |
|----------|----------------|-----------------------------|---|
| JOHN DOE | 100044 | Pending for Document Upload | Supporting documents required for Income Verification |

Document Upload

Please upload the required supporting documents as shown below. Your application will NOT be considered as complete unless you provide all the required documents. Please click 'Submit' once all documents have been uploaded.

| Member | Required Verification | Acceptable Documents | Document |
|-----------------|--|--|---|
| ● JOHNNY DOE | Income Verification – Earnings from Work | Most recent 2 pay stubs; OR employment contract; OR written statement from employer (must state pay rate, average hours worked per pay period, and pay frequency and be signed/dated by employer); AND Tip Log (if applicable) Self-employed: personal records; Schedule C of tax return | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid blue; padding: 2px 5px; margin-right: 5px;"> ↑ Add </div> <div style="border: 1px solid gray; padding: 2px 5px; margin-right: 5px;">41</div> </div> <div style="border: 1px solid gray; padding: 2px 5px; margin-top: 5px; width: 20px; text-align: center;">40</div> |

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 Upload

**Required field

i File must not be password protected and must be less than 4 MB. Only .PDF, .JPEG, .JPG and .PNG files are allowed for upload. If you have more than one document to upload, consider merging them into one document before uploading. Please upload only one version of supporting document per required verification.

Please select appropriate type of supporting document for upload.

| | |
|---------------------------|---|
| Member JOHN DOE | Required Documentation Income Verification – Earnings from Work |
|---------------------------|---|

Document Type * 42

*** Choose File** 43

Description 44

45

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

Pandemic EBT Eligibility

ACTION REQUIRED! Based on your application responses, we need documentation to determine your student's Pandemic-EBT eligibility. The required verification and types of acceptable documents are listed in the Document Upload section below. Click 'upload' to attach verification for each member listed. It is VERY IMPORTANT that you upload all of the required verification now as you will not be able to access this screen again once you leave this webpage. Your application may be denied if you fail to upload ALL required verification.

Please take note of your application ID. You will need this number if you have any questions about your Pandemic-EBT application.

Below is a summary of your eligibility results. These results are based on the information you provided. Each and every student's situation is different.

Updates regarding the status of your application will be sent to the email address you gave us. Please monitor your email inbox for updates from 'this' email address.

| Student | Application ID | Result | Reason |
|----------|----------------|-----------------------------|---|
| JOHN DOE | 100044 | Pending for Document Upload | Supporting documents required for Income Verification |

Document Upload

Please upload the required supporting documents as shown below. Your application will NOT be considered as complete unless you provide all the required documents. Please click 'Submit' once all documents have been uploaded.

| Member | Required Verification | Acceptable Documents | Document |
|---|-----------------------|--|---|
| <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">46</div> </div> | JOHNNY DOE | Income Verification – Earnings from Work | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: small;"> Most recent 2 pay stubs; OR employment contract; OR written statement from employer (must state pay rate, average hours worked per pay period, and pay frequency and be signed/dated by employer); AND Tip Log (if applicable) Self-employed: personal records; Schedule C of tax return </div> <div style="text-align: right;"> Test.Doc.pdf </div> </div> <div style="text-align: right; margin-top: 5px;"> Add </div> |

47

Submit

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 Card, Written Statement, Collateral Contact. |
| Income Verification – Earnings from Work | Pay Stub(s), Employment Contract, Written Statement from Employer, Tip Log, Personal Records, Tax Forms – Schedule C |
| Income Verification – Public Assistance, Child Support, Alimony Earnings | Award Letter, Court Order, Written Statement, Collateral Contact |
| Income Verification – Pensions, Social Security, VA Benefits, all other forms of income | Award letter, Written Statement |
| Income Verification – No 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 |