

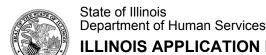
ILLINOIS APPLICATION FOR PANDEMIC SUPPLEMENTAL NUTRITION ASSISTANCE FOR CHILDREN RECEIVING FREE OR REDUCED SCHOOL LUNCHES (PEBT)

You can apply online for quicker processing at: ABE.illinois.gov

If you currently receive SNAP Benefits, you DO NOT need to apply for PEBT - benefits will be automatically issued.

If you currently receive meals through the Take Home School Meals Program, you can still apply for P-EBT.

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PEBT Authorization Period Begin:			End:		DCN	DCN: Ap			plication date:		
This application PEBT on their L read and sign or	is for households wi INK electronic benef n page 2 of this appl re PEBT benefits.	ith children v fit card. Con ication. If vo	vho receive f nplete this ap our househol	ree or reduce oplication hor description or the contraction from the contraction of the c	d scho estly a efuses	ol lur nd to	iches and who	have	not already re	eceived ure to	
STEP 1:	Tell us ab	out the ad	ult who wil	l be our co	ntact f	or th	is application	on			
Head of Househ	nold (parent or guard	dian of childr	en):								
Social Security Number: (optional, but helpful for quicker and accurate processing)			Head of Household Date of Birth:				Telephone	Telephone Number:			
Household addr	ress as reported to s	school:					1				
City: Si		State:	tate:				Zip Code:		Do you currently receive SNAP benefits?		
Mailing address	if different from abo	ove:				•		•		,	
City:			State:			Cou	nty:		Zip Code:		
Step 2:	Tell us ab	out the scl	nool age cl	hildren you	are a	oplyi	ng for				
Number of Hou	usehold Members:										
School District (Required)	School Name (Required)	Fir	st Name, Mi	d (Last Name iddle Initial nool records	Nur hel	nber oful fo	Security (optional, but r quicker and processing).	Dat	te of Birth	Student Gender	
For additional	school age childrer	n nloaso list	thoir name	social soci	rity n	ımba	r (ontional) a	ad dat	o of hirth un-	tor Ston	
4 on page 2 of	this form.	i picase iisi	. Gien name	, Jocial Secu	iity iit		(Optional) al	iu uali		aei oteh	



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Step 3: Read & Sign this application

What does DHS do with your Social Security Number?

The SSN will be used in the administration of the SNAP program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes. If you or any member of your household wants to apply for SNAP benefits, but does not have a SSN, we can help you to apply for one. The SSN will be used in computer matching and program reviews or audits and to make sure the household is eligible for SNAP benefits, other federal assistance programs, and federally assisted state programs, such as school lunch, TANF, and Medicaid. DHS secures and uses information about all clients through the income and eligibility verification system (IEVS). This includes such information as receipt of social security benefits, unemployment insurance, unearned income and wages from employment. When information does not match, we may contact a third party, such as employers, claims representatives or financial institutions to verify the information. This information may affect your eligibility for assistance and the amount of assistance provided. This may result in criminal or civil action or administrative claims against persons fraudulently participating in the SNAP program. We do not require a social security number for any member of your household who is not eligible for the SNAP program or who does not wish to apply.

Why does DHS collect your Social Security number?

DHS will only use your SSN for the purpose for which it was collected. DHS will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; publicly post or publicly display your SSN; print your SSN on any card required for you to access our services; require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

Non-Discrimination.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State of Illinois Department of Human Services) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

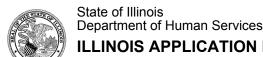
This institution is an equal opportunity provider.

Additional Illinois Nondiscrimination Information

You may also write the Illinois Department of Human Services (IDHS) at Illinois Department of Human Services, Bureau of Civil Affairs, 401 South Clinton St., 6th Floor, Chicago, Illinois, 60607 or call the IDHS Helpline Number at 1-800-843-6154 or 866-324-5553 TTY/Nextalk or 711 TTY Relay.

IDHS, HHS, and USDA are equal opportunity providers and employers.

The State of Illinois provides reasonable accommodations according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990



Springfield, IL 62763

ILLINOIS APPLICATION FOR PANDEMIC SUPPLEMENTAL NUTRITION ASSISTANCE FOR CHILDREN RECEIVING FREE OR REDUCED SCHOOL LUNCHES (PEBT)

Step 3: Read & Sign this application continued

I understand the questions on this application. I know it is against the law to obtain or attempt to obtain benefits for which I am/we are not entitled. Any false claim, statement, or concealment of any material fact whatever, in whole in part, may subject me to criminal and/or civil persecution. As a result of the temporary closure of school due to the COVID-19 Pandemic, the children listed on this application are not receiving Free or Reduced lunches at their school. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification.

SIGN HER	E:											
Your Signature:	Date:											
Signature of with	Date:											
Step 4	o 4 If needed list additional school age children not listed on the front of this form.											
Number of Hou	sehold Members:											
School District (Required)	School Name (Required)	School Age Child (Last N First Name, Middle Ini (as listed on school rec	tial	Social Security Number (optional, but helpful for quicker and accurate processing).	Date of Birth	Student Gender						
Step 5 Return Completed Application												
		by hand you may email it		_		ox 19138,						