

APPLICATION FOR P-EBT FOR HOME SCHOOL AND VIRTUAL STUDENTS



TO BE COMPLETED BY PARENT/GUARDIAN:

Student Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Home address: _____

Learning Model:

Home School Virtual School

If attending a virtual school, name of school: _____ Grade: _____

Check all that apply:

Someone in the household is participating in the Supplemental Nutrition Assistance Program (SNAP).

Name: _____ Case Number: _____

Child is participating in the RI Works Program.

Name: _____ Case Number: _____

If you checked off either of the above, you do not have to answer the questions below. If you did not check either of the above, please provide the following information (see page 4 for instructions about how to answer these questions):

PART I: What Children Live in Your Home?					
List Name of Child(ren) in School (K through grade 12)			Name of School	Grade Level	Foster Child? Y or N
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: How many people are in your Home?	
Circle the number of people in your home: 1 2 3 4 5 6 7 8 Other _____	

PART III: Who has Income in Your Home?

Gross Home Income and how often it was received:

List Home Members	Amount if Paid Once a Week	Amount if Paid Twice a Month	Amount if Paid Every 2 Weeks	Amount if Paid Once a Month	Amount if Paid Once a Year
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
All other Income	\$	\$	\$	\$	\$

Please check one of the boxes below:

- My child is homeschooled or is attending a fully virtual school due to concerns about COVID.
- My child is homeschooled or is attending a fully virtual school for reasons other than concerns about COVID.

Please sign below:

I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of federal funds. I understand that state or local school officials may verify the accuracy of information in this application. If my child’s homeschooled or virtual school status changes during the school year, and my child enrolls in an in-person school, I will notify the state immediately. I am aware that if I purposely give false information or fail to promptly notify the state of my child’s enrollment in an in-person school, my child may be denied benefits, and I may be prosecuted under applicable state and federal criminal laws.

Signature: First and Last Name

Date

Print First and Last Name

Instructions for Parent/Guardian Completing this Form:

Present the next page to the school district where your child was previously enrolled before home schooling or attending virtual school. If your child is attending a virtual school, provide proof of enrollment.

If your child did not start kindergarten until after the start of the pandemic (January 27, 2020) and was never enrolled in a school that participates in the National School Lunch Program (NSLP), the school district does not have to complete the next page. However, you will need to provide DHS with verification of your child’s identity. See page 5 for examples of documents that must be provided.

TO BE COMPLETED BY SCHOOL DISTRICT:

First and Last Name of student: _____

Name of school district: _____

Name of Student's Previous School: _____

Name of school student would have attended this school year if not enrolled in a fully virtual school or homeschooling:

This Document confirms that the student listed above (check one):

Is home schooling Date left district: _____

Student was enrolled in the district sometime between January 2020 and the present but has since disenrolled.

 Date left district: _____

Signature of school representative:

First and Last Name

Date

Print Name:

First Name, Last Name

Instructions for Parent:

Once this page has been completed by the school district in which your child was most recently enrolled (if applicable), submit both pages of this P-EBT application, along with any supporting documentation required to:

RI Department of Administration
Attn: RI Department of Human Services, EBT Coordinator, 2nd Floor
One Capitol Hill
Providence, RI 02908

Or email to: DHS.EBTInquiry@dhs.ri.gov

Or Fax to: 401-574-8180

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Who should I count in “Home Size”?

- Include yourself and all people living in your home who share income and expenses.
 - This could include children, foster children, grandparents, other relatives, or friends who live with you.

2. Who should be included in Section II, “Who Has Income in Your Home”?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
 - Do not include people who live with you but are not supported by your household’s income AND do not contribute income to your household.

3. What is counted in “Total Home Income”?

- **Gross earnings from work:**
 - Gross income is the amount **earned before** taxes and other deductions are taken out of your pay - it’s not your “take-home” pay!
 - Gross earnings usually can be found on your pay stub.
 - Net income should only be listed for self-owned business, farm, or rental income.
- **RI Works, Child Support, Alimony**
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits**
- **Military Housing Allowances and Combat Pay:**
 - Include off-base housing allowances.
- **All Other Income:**
 - Worker’s compensation
 - Unemployment or strike benefits
 - Regular contributions from people who do not live in your household, and
 - Any other income received.
- **Do not include income from:**
 - WIC
 - Federal education benefits and
 - Foster payments received by your household
 - Military Privatized Housing Initiative or combat pay
 - Supplemental Nutrition Assistance Program (SNAP) benefits
 - Rhode Island Works cash assistance payments

Overtime Pay: Include overtime pay ONLY if you receive it on a regular basis.

Have you lost your job recently? Enter zero for income

4. How do I list income if some people are paid weekly, or twice per month, or every 2 weeks, monthly, or once a year?

Here are some examples of how to list income on the front of this survey:					
List Home Members who have income:	Amount if Paid <u>Once a week</u>	Amount if Paid <u>Twice a Month</u>	Amount if Paid <u>Every 2 Weeks</u>	Amount if Paid <u>Once a Month</u>	Amount if Paid <u>Once a Year</u>
Mary Bazil	If Mary earns \$175 each week – list it here		If Mary earns \$20 every 2 weeks – list it here	If Mary gets \$100 each month in child support – list it here	
David Waters		If David earns \$233 2 times a month – list it here		If David receives \$75 from SSI each month – list it here	

5. What types of documents should I provide to verify my income?

Send this page application along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received.

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER’S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker’s Compensation’s office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing , and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month’s income; you could use the month prior to application, the month you applied, or any month after that.

6. What types of documents should I provide to verify my child’s identity?

Acceptable verification includes one of the following (note: do not send original documents):

- Birth Certificate
- Immigration or Naturalization Documents
- Any other documentation that may be used to verify identity
- Hospital Birth Record
- U.S. Passport

Submit both pages of this P-EBT application, along with any supporting documentation required to:

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One Capitol Hill
Providence, RI 02908

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